Health Insurance Census

Group Name:_____

Address: _____

_____ # of years in business _____ Effective Date

Current Carrier _____ Current Premium_____

Employer Contribution Employee _____% Dependent _____%

Known Medical Conditions? _____

Employee	Sex	DOB	Dep. Type	Zip Code	COBRA Y/N	PPO / HMO

*Dependent Type: LO-Life Only EE-Employee Only ES-Employee & Spouse EC-Employee, Child (No Spouse) EC+-Employee, Children (No Spouse) FA-Employee, Spouse & Child or Children