

EMPLOYEE CENSUS INFORMATION

(Please complete all information below or processing of quote will be delayed)

Company Name: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____ Phone Number: _____

E-mail Address: _____ Fax Number: _____

Requested Effective Date: _____ Total No. Of employees: _____

Current Carrier Name: _____ Renewal Date: _____

Current RAF (risk adjustment factor): _____ Plans Offered: _____

Employee Name	Gender M/F	D.O.B. or Age	Dependent Status			Home Zip Code
			EE only	Spouse	# of Ch.	
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						

EMPLOYEE CENSUS INFORMATION

(Please complete all information below or processing of quote will be delayed)

Employee Name	Gender M/F	D.O.B. or Age	Dependent Status			Home Zip Code
			EE Only	Spouse	#of Ch.	
16.						
17.						
18.						
19.						
20.						
21.						
22.						
23.						
24.						
25.						
26.						
27.						
28.						
29.						
30.						
31.						
32.						
33.						
34.						
35.						
36.						
37.						

EMPLOYEE CENSUS INFORMATION

(Please complete all information below or processing of quote will be delayed)

Employee Name	Gender M/F	D.O.B. or Age	Dependent Status			Home Zip Code
			EE Only	Spouse	# of Ch.	
38.						
39.						
40.						
41.						
42.						
43.						
44.						
45.						
46.						
47.						
48.						
49.						
50.						