

P.O. Box 133, Fort Madison, IA 52627
866-496-3102 (Phone) (888) 519-6533 (Fax)

GROUP CENSUS FORM
(please answer all questions)

PRIMARY CONTACT NAME

CLIENT (LEGAL BUSINESS GROUP NAME)

Address

CITY STATE ZIP CODE PHONE NUMBER

EMAIL FAX

Information about your plans, and services interested in:

PROPOSED EFFECTIVE DATE: BENEFITS RENEWAL DATE:

CURRENT COVERAGE Health Life Dental Vision Disability Other explain

CURRENT CARRIER (S)

COMPANY STRUCTURE Sole Proprietor Partnership Corporation LLC Other explain

TYPE OF BUSINESS

MORE THAN ONE LOCATION? YES NO EMPLOYEES LIVING OUT OF STATE YES NO

OF FULL-TIME EMPLOYEES (30+ hrs) # OF COBRA's INDUSTRY SIC CODE

% OF COSTS TO BE PAID BY EMPLOYER % OF EMPLOYEE COSTS % OF DEPENDENT COSTS

ADD'L INFO:

Please see next page for specific employee information needed. If additional pages are needed, please print blank form and copy.

EE#	Employee Name	M/F	AGE	DOB	SPOUSE (y/n)	DEPENDENTS & DOBs	ZIP	COBRA (y/n)
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								

If additional employees spaces are needed, please use next page or copy.

