

## GROUP HEALTH INSURANCE – CENSUS DATA SHEET

**About your Business:**

\_\_\_\_\_ Name of Business\*

\_\_\_\_\_ Nature of Business (Describe your business)

**Contact Information:**

\_\_\_\_\_ First Name\* \_\_\_\_\_ Last Name\*

\_\_\_\_\_ Phone\* \_\_\_\_\_ Cell \_\_\_\_\_ Fax

\_\_\_\_\_ Street Address\*

\_\_\_\_\_ City\* \_\_\_\_\_ State\* \_\_\_\_\_ Zip Code\*

\_\_\_\_\_ Email\*

\_\_\_\_\_ Current Carrier

Employee Name	Gender	D.O.B.	Spouse D.O.B	Children D.O.B.	Coverage	Home Zip
Sample: John Doe	M	5/26/1984	5/3/1981	1/1/2016 5/6/2013	Family*	22043