



CENSUS FORM (2-14 Employees)

For Group Health Insurance

Company Name _____
 Nature of Business _____
 Street Address _____
 City: _____ County: _____ State: _____ Zip: _____
 Email: _____ Phone: _____

Todays Date: _____
 Agent: Brian T. Crocker
 Phone: 804.307.9164
 Fax: 866.237.2215
 e-mail: brian@securehealthchoice.com

Desired Effective Date: _____
 Current Carrier: _____
 Renewal Date: _____

Current Rates Renewal Rates

Employee (EE): _____
 Employee/Spouse (ES): _____
 Employee/Child (EC): _____
 Employee/Children (EC+): _____
 Employee/Family (FAM): _____

Gender M/F	Date of Birth or Age	Coverage Type*	Home Zip Code	First Name	Last Name
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					

Requested Plan Design: (Be specific or attach copy of current plan)

Requested Carriers:

* EE = Employee Only; ES = Employee/Spouse; EC = Employee/Child; EC+ = Employee/Children; FAM = Family