



# 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](mailto:brian@securehealthchoice.com)

Desired Effective Date: \_\_\_\_\_  
 Current Carrier: \_\_\_\_\_  
 Renewal Date: \_\_\_\_\_ Ex

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

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

**Requested Carriers:**

Gender M/F	Date of Birth or Age	Coverage Type*	Home Zip Code	First Name	Last Name
<b>PLEASE ADD SPOUSE AND DEPENDENT UNDER EMPLOYEE INFORMATION</b>					
M	1/1/1960	ES	23112	John	Smith
F	1/1/1961		"	Jane	Smith
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					

\* EE = Employee Only; ES = Employee/Spouse; EC = Employee/Child; EC+ = Employee/Children; FAM = Family  
 Secure Health Choice census form (01.10)