

Business Name: \_\_\_\_\_ Zip Code \_\_\_\_\_ Tel. \_\_\_\_\_

Principal's Name \_\_\_\_\_ Principal's email \_\_\_\_\_

Contact's Name \_\_\_\_\_ Contacts e-mail \_\_\_\_\_

### Census for Group Health Insurance Quote

	Employee	Sex-Age	Spouse	Kids		Employee	Sex-Age	Spouse	Kids
	Name	ie- M-45	F-43	2		Name	ie. F-34		
1					26				
2					27				
3					28				
4					29				
5					30				
6					31				
7					32				
8					33				
9					34				
10					35				
11					36				
12					37				
13					38				
14					39				
15					40				
16					41				
17					42				
18					43				
19					44				
20					45				
21					46				
22					47				
23					48				
25					49				
25					50				

Type of business and SIC code if known: \_\_\_\_\_

Current Health Plan Name & Plan Description: \_\_\_\_\_

Current Monthly Premiums \$ \_\_\_\_\_ Employer/ Employee Contribution % (minimum

50/50): \_\_\_\_\_ Group Health History summary: \_\_\_\_\_

Comments: \_\_\_\_\_

Please fax request to Emily Harding, Health Plan Specialists 401-848-7798 (Tel 848-7708) Website: <http://www.healthplanspecialists.com>