Group Census Form for Health, Life and Disability Insurance

Broker: Shelly Winson, CBC, REBC, RHU True Choice Benefits LLC (480) 206-8294 shelly@truechoicebenefits.biz

1-25 Group Census

Company Name:																**Tax ID #:**		
Company Main Address:																**County:**		
Contact Person:				**Phone:**							**Fax:**							
NAICS CODE:								**SIC CODE:**										
Requested Eff Date:		**Total Employees:**			**FT EEs:**			**PT EEs:**				**COBRA EES:**						
Current Coverage:																		

*** Must enter the Date of Birth (DOB) for all Dependents wishing to be covered. Enter M or F before the DOB for Gender. Enter a T after the DOB if the Dependent uses tobacco.**

Who Needs Coverage?

	Employee Name	Employee DOB	Employee Gender	Employee Tobacco Use?	Coverage Type (Key Below)	Employee Home Zip	Spouse DOB	Spouse Gender	Spouse Tobacco Use?	* Dep 1: Gender & DOB	* Dep 2: Gender & DOB	* Dep 3: Gender & DOB	* Dep 4: Gender & DOB	* Dep 5: Gender & DOB	Employee Occupation (Include if you want a Life & Disability proposal)	Employee Salary (Include if you want a Life & Disability proposal)	Household Size (Include only if you want a Marketplace APTC Estimate)	Household Income (Include only if you want a Marketplace APTC Estimate)
1																		
2																		
3																		
4																		
5																		
6																		
7																		
8																		
9																		
10																		
11																		
12																		
13																		
14																		
15																		
16																		
17																		
18																		
19																		
20																		
21																		
22																		
23																		
24																		
25																		

Coverage Type Key	
Employee	EE
Employee + Spouse	ES
Employee + Child(ren)	EC
Family	F
Cobra	C
Other Coverage	OC
No Coverage	NC
Not Eligible	NE