GROUP INSURANCE PLANS CENSUS FORM

Complete and fax to (225) 926-6428

Company Name_____

Primary Contact _____Title _____

Street Address _____Parish _____

City/State/Zip Code _____

Phone Number (_____) _____Fax Number (_____) _____E-mail_____

Total Eligible Employees _____ Total Employees _____

Please indicate the desired group plan(s) you would like a proposal for:

	Current Carrier	Renewal Date
___Group Life	_____	_____
___Group Health	_____	_____
___Group Dental	_____	_____
___Group Long Term Care	_____	_____
___Group Long Term Disability	_____	_____
___Group Short Term Disability	_____	_____
___Workers' Compensation Plan	_____	_____

Complete the information below on all employees. Please indicate the type of medical coverage currently in force for each employee. If more space is needed, please include a separate sheet.

Name	Occupation	Date of Birth	Sex	W-2 Annual Earnings*	Indicate below who is covered. If spouse is covered, indicate year of birth.
1					___Employee ___Spouse-birth yr. ___No. of Children
2					___Employee ___Spouse-birth yr. ___No. of Children
3					___Employee ___Spouse-birth yr. ___No. of Children
4					___Employee ___Spouse-birth yr. ___No. of Children
5					___Employee ___Spouse-birth yr. ___No. of Children
6					___Employee ___Spouse-birth yr. ___No. of Children
7					___Employee ___Spouse-birth yr. ___No. of Children
8					___Employee ___Spouse-birth yr. ___No. of Children
9					___Employee ___Spouse-birth yr. ___No. of Children
10					___Employee ___Spouse-birth yr. ___No. of Children
11					___Employee ___Spouse-birth yr. ___No. of Children
12					___Employee ___Spouse-birth yr. ___No. of Children
13					___Employee ___Spouse-birth yr. ___No. of Children
14					___Employee ___Spouse-birth yr. ___No. of Children
15					___Employee ___Spouse-birth yr. ___No. of Children

*Complete this column ONLY if you would like a disability insurance or workers' compensation proposal.

Please indicate here if you would like information on other plans or services:

___Professional Liability Insurance ___Business Office Package ___Voluntary Payroll Deduction Plans

___Section 125 Cafeteria Administration ___Comprehensive Insurance Review Service

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