

# LIFE & DISABILITY CENSUS FORM

<b>Name of Company:</b>	<b>Contact Person:</b>
<b>Address:</b>	<b>County:</b>
<b>Phone Number:</b>	<b>Type of Business:</b>
<b>Fax Number:</b>	<b>E-Mail Address:</b>

1	2	3	4	5	6	7	8	9
Employee Name or Employee #	Male or Female	Age or Date of Birth	Spouse's Age or Date of Birth	Type of Coverage  1-Single 2-Emp/Child 3-Emp/Children 4-Emp/Spouse 5-Full Family	Ages of Children	Life Insurance Amount	Wages	Occupation
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								

Proposed Effective Date \_\_\_\_\_

Which of the above are COBRA? \_\_\_\_\_

Which of the above are Retirees? \_\_\_\_\_

Are there any major health problems for covered members such as heart, cancers, diabetes, etc?

\_\_\_\_\_

\_\_\_\_\_

Columns 1, 2, 3, 4, 5, and 6 are essential for medical quotes.

Column 7 is needed for life insurance.

Columns 8 and 9 are needed for disability income quotes.

Current Carrier:	Current Rates
Type of Benefits:	Single:
	Emp/Child:
	Emp/Children:
	Emp/Spouse:
	Full Family:

