

LIFE & DISABILITY CENSUS FORM

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

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:

