

**Census Data Sheet information will be used to obtain quotes for
group health insurance coverage.**

Company Profile

Full Legal Business Name:	Address:
City/Town/ Province	Postal Code:
Phone:	Email:
Contact Name:	Contact Title:
Nature of Business:	How many years company been in business?
Number of Employees to be on Plan:	Number of full-time employees:
Number of employees related to the owner:	Number of employees a year ago:
Any employees involved in hazardous occupations <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, provide details:
Any employees not actively at work? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, provide details:
Are all Employees covered by Workers Compensation? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, who is not covered

Existing Group Coverage

<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, name of carrier?
Number of years with current carrier?	

Employee Data								
Employee Name		Date of Birth	Date of Hire	Gender	Occupation	Salary	Hours /Wk	Coverage
Doe, John		2-Mar-54	9-Aug-98	M	Project Manager	87,000	40	F
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: (S) Single (F) Family (W) Waived due to spousal Coverage

Salary – Approximate yearly salary.