

HEALTH INSURANCE CENSUS

COMPANY NAME: _____

COMPANY ADDRESS: _____

COMPANY PHONE NUMBER: _____

COMPANY CONTACT: _____

COMPANY SIC CODE: _____

CURRENT PLAN (Ex:Aetna PPO 1500): _____

CIRCLE PREFERRED COVERAGE: PPO * HMO * HSA

EFFECTIVE DATE REQUESTING: _____

Medical Coverage Codes:

EO=Employee Only ES=Employee/Spouse EC=Employee/Child(ren) FF=Full Family

Employee Name	Sex	Date of Birth	Employee Zip Code	Coverage			
				EO	ES	EC	FF
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