

Small Group Census Form – Business Name: \_\_\_\_\_

Business SIC: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact Email: \_\_\_\_\_

Business Zip Code: \_\_\_\_\_

Number of Employees: \_\_\_\_\_ Quoting for: HMO\_\_PPO\_\_BOTH\_\_

Desired Products: Health \_\_\_ Dental \_\_\_ Vision \_\_\_ Life \_\_\_

Desired Start Month: \_\_\_\_\_

| REQUIRED EMPLOYEE INFORMATION   |                         |     |                  |                   | DEPENDENT(S) INFORMATION –<br><i>COMPLETE IF COVERAGE DESIRED</i> |                       |
|---------------------------------|-------------------------|-----|------------------|-------------------|---|-----------------------|
| EMPLOYEE NAME                   | DATE OF BIRTH<br>OR AGE | SEX | HOME<br>ZIP CODE | COVERAGE<br>TYPE* | SPOUSE'S<br>DOB OR AGE  | NUMBER OF<br>CHILDREN |
| <i>(EXAMPLE)</i><br>JOHN D. DOE | 9/18/46                 | M   | 75752            | ES                | 7/11/53   | 0                     |
|                                 |                         |     |                  |                   |   |                       |
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|                                 |                         |     |                  |                   |   |                       |

\* Coverage Type: EO = Employee Only  
EC = Employee & Child(ren)  
ES = Employee & Spouse  
EF = Employee & Family