Information Survey for

Group Health Census Data

Today's Date: Referred By:

Group

Include Disability ○ YES ○ NO | Include Dental ○ YES ○ NO

Include Vision ○ YES ○ NO | Include Life Quote ○ YES ○ NO ⬇

Life Insurance Amount

Nature of Business or SIC Code

Current Carrier

Contact #'s

Name	Sex	DOB	Category (see below)	# Dependent Children	Date of Hire	Resident Zip Code

Without disclosing names, please list any known medical conditions in group and how long condition has existed.

Instructions

Please list all active employees, if they will be including a spouse or dependent children please enter under "name" spouse, son or daughter and give the date of birth. An employee may use your business zip code for residence zip code. Note: If an employee is not participating please give an explanation: Part Time (PT), Insured With Spouse (IWS), Own individual Policy (OWN), Other Health Program (OHP), Ineligible or Declined.

Health Insurance Category:

EE Only– Employee Enrollment Only

EE+Spouse– Employee and Spouse

EE+Dependent– Employee and Child or Children

Family– Employee, Spouse and Child or Children

If life benefit is included, please list those who qualify for life benefit but are not enrolling in the health plan.

Life Insurance Category for those not enrolling in Health Benefit:

Life EE Only; Life EE+Spouse; Life EE+Dependents; Life Family

HENRY
INSURANCE SERVICE

9624 Brookline Avenue

Baton Rouge, LA 70809

TEL 225 927 0451

FAX 225 926 8510

Fax completed Survey to

225–926–8510

Attn:

or email to:

info@HenryInsuranceService.com