

Employee Census Information

Business Name

Address

City/State/Zip

Phone: FAX:

Do you currently have a Group Plan?

(if so) Name of Carrier

Deductible Co-Pay RX

EE =Single Employee ES =Employee & Spouse EC =Employee & Children Only FF =Full Family

	Employee Name	Age	Sex	EE	ES	EC	FF	Age of Spouse	# of Children	Home Zip Code
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										

A Wise Insurance

Donal Smith

Independent Insurance Agent

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