Scanlon & Associates

Employee Benefit Providers

Integrity of Purpose

Group Health Insurance Census

Group Name: ______________________________

Effective Date: ______________________________

Tax ID: ______________________________

Group Contact: ______________________________

Contact Phone: ______________________________

Zip Code: ______________________________

NOB or SIC:______________________________

Broker: ______________________________

ER Contribution: ______________________________

Total Employees: ______________________________

Current Carrier: ______________________________

If group is a multi-location, please provide address for each location and indicate which employees work at each location.
Key EE= Employee only, ES= Employee Spouse, EC= Employee Child(ren), F= Family, W= Wavier, C= COBRA

Gender	DOB	Spouse DOB	EE	ES	EC	F	W	C	# of Child(ren)	Zip Code