Employee Census

Company Name: _____

Type of Business:_____

Current Carrier:_____
Policy Number:_____

Coverage Example
Employee Only = EE
Employee Spouse = ES
Employee Children = EC
Family = F
Waiver = W

Relationship Key
SR = Subscriber
SP = Spouse
CH = Child

Required Info

Current Rates:
Employee Only:_____
Employee/Spouse:_____
Employee/Children:_____
Family:_____

Do you offer: Health(Y/N) Dental(Y/N) Vision(Y/N) STD/LTD(Y/N) Life(Y/N)
If covered, please include a copy of the Summary of Benefits when returning this document

Agency: The Daniel and Henry Company

Broker Email: Hendricksb@danielandhenry.com
Broker Phone #: (314) 444-5029

Last Name	First Name	Birthdate	Gender (M/F)	Relationship SR/SP/CH	Spouse (Y/N)	Children (#)	Tobacco Use (Y/N)	Residential Zip Code	W2 Employee	1099/Indpentent Contractor	Medical Coverage	Dental Coverage	Vision Coverage	Life Coverage	Short Term Disability Coverage	Long Term Disability Coverage	Annual Salary (ie Life& Disability)