

GROUP CENSUS INFORMATION

 Offer Benefits To Your Employees at Lower Costs To You & Them
FAX TO: 1-888-770-8818 or EMAIL: welcome@hldins.com
PRIMARY GROUP CONTACT

 First Name
 Last Name
 Title
 Email
 Phone
GROUP INFORMATION

 Company Name
 Address
 City State
 # of Full Time Employees Contribution towards premium: \$
 This information is used to calculate how much our group insurance strategy will save you.

CURRENT INSURANCE INFORMATION

 Carrier
 Deductible Max Out-Of-Pocket
 Doctor Copay Yes No How Much?
 Drug Card Yes No Deductible?
Premiums Paid

 Employee Employee + Kids (Parent)
 Employee + Spouse Employee + Family
EMPLOYEE INFORMATION

Name	Gender	DOB	# of Children Under 26	Serious Pre-Existing	Tobacco	Employee's Spouse				
						DOB	Serious Pre-Existing	Tobacco	Spouse Has Access to a Group Plan	
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