

GROUP MAJOR MEDICAL

CENSUS QUOTE SHEET

Fax Census Sheet to: **417-442-7622**

Agent _____
Phone ____) _____
Fax # ____) _____

BUSINESS TYPE _____ REQUESTED EFFECTIVE DATE _____

GROUP NAME _____ STATE _____ ZIP CODE _____

DEDUCTIBLE \$ _____ CO-INSURANCE _____ LIFE \$ _____

OPTIONAL COVERAGES:

Dental----- Yes _____ No _____

Disability-- Yes _____ No _____

Maternity-- Yes _____ No _____

Vision ----- Yes _____ No _____

INSURANCE SPECIALTIES

800-789-0182

WWW.INSSPECIAL.COM

NOTE: If multiple locations list zip code of each employee

#	Employee Name	Sex	DOB	Spouse Yes/No (If Covered)	DOB	# of Children (If Covered)	Employee or Family Health History or Conditions
1							
2							
3							
4							
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10							
11							
12							
13							
14							
15							

#	Employee Name	Sex	DOB	Spouse Yes/No (If Covered)	DOB	# of Children (If Covered)	Employee or Family Health History or Conditions
16							
17							
18							
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