

mpmyers.com – Insurance & Financial Services

Michael P Myers – Since 1978
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Business Name: _____

Address: _____

Mailing Address: _____
(if different)

City: _____ Zip: _____

Phones: () - Fax: () -

Contact Person: _____ Title: _____

Type of business:

When formed:

If you have had prior coverage, please let me know what you have/had. You can describe it here:

If your coverage is current, please send a copy of last month's billing.

If there is any significant health history, let me know what it is. This will help in getting a more accurate quote.

Fax this toll-free to my confidential fax number: 866-888-1628.

If there is an existing group insurance, also please fax most recent billing statement. If you have the information requested in a different format, you do not need to use the census form – just sent it with this page to me.

Census Information (See page 2 and beyond)

This sample shows how to fill this out. Make duplicates as needed.

If there are more than three children for one employee, simply use the next employee block and just put continued under the employee name or write on separate piece of paper same information.

SAMPLE				DOB Or Age	Date of Hire	Job Title
Employee First Name	John	Employee Last Name	Smith	1/1/1957	3/1/1999	Shop Foreman
Spouse First Name	Mary	Spouse Last Name	Smith	2/2/1958		
Oldest Child First Name	Jim	Last Name (if different)		12		
2 nd Child First Name	Joe	Last Name (if different)		8		
3 rd Child First Name	Mary	Last Name (if different)		6		

It is best to put dates of birth if known, but age is acceptable. If all last names are the same, it is not necessary to repeat it.

				DOB Or Age	Date of Hire	Job Title
Employee First Name		Employee Last Name				
Spouse First Name		Spouse Last Name				
Oldest Child First Name		Last Name (if different)				
2 nd Child First Name		Last Name (if different)				
3 rd Child First Name		Last Name (if different)				

				DOB Or Age	Date of Hire	Job Title
Employee First Name		Employee Last Name				
Spouse First Name		Spouse Last Name				
Oldest Child First Name		Last Name (if different)				
2 nd Child First Name		Last Name (if different)				
3 rd Child First Name		Last Name (if different)				

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Employee First Name		Employee Last Name				
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3 rd Child First Name		Last Name (if different)				