



**Insurance Services 4 U
Company Health Insurance Census**

Company Name: _____ **Total # of Employees:** _____ **EIN:** _____

Address: _____ **Current Coverage (Y/N):** _____

Point of Contact: _____ **POC Phone #:** _____ **POC Email:** _____

	Employee Name	Gender	Date of Birth	Tobacco Use (Y/N)	Spouse DOB	Spouse Tobacco Use (Y/N)	Number of Children	Medical Conditions
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

Please fax back to 888-635-2976 or email to apply@insuranceservices4u.com.