ASSURANCE BROKERS, LTD
Construction Bonds - Commercial - Personal - Life & Health

95 N. Research Dr.
Suite 100
Edwardsville, IL
62025
Tel: 800.556.2663
Fax: 618.692.9865

2236 Mason Ln
Ballwin, Mo
63021
Tel: 888.868.6560
Fax: 314.821.5779

GROUP HEALTH & DISABILITY INSURANCE CENSUS

Date: _____

Company Name: _____

Your Company Specializes in? _____

Street Address: _____
City, State, Zip: _____
County: _____

<u>In order to get an accurate comparison, please provide the following information:</u>
Current Health Insurance Carrier: _____
Current Annual Deductible _____ (e.g. $1,000 - this is very important)
Current Physician office Copay:_____ (e.g. $20 per visit)
Current Coinsurance %: _____ (example 80%/20% plan)
Current Monthly Premium: _____
Dental cover needed? _____ Amount of Life Cover needed? _____
When do you renew your Health Insurance with your current Carrier? _____

Name of Employee	Male / Female	E.E. Date of Birth	Employee Age	Spouse's Date of Birth (If applicable) **	No. of children (ages not important)	Residence Zip Code

<u> NOTES:</u>**

If no spouse, please note **Single** or **Divorced -** only if there are dependents
E.E. = Employee
If spouse has his/her own insurance, leave spouse details out.