Assurance Brokers, LTD
Construction • Commercial • Auto
Home • Life • Health

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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:** _____

**In order to get an accurate comparison, please provide the following information:**
**Annual Deductible to be considered _____ (e.g. $500-$1,000 or higher)**
**Acceptable Coinsurance %: _____ (example 80%/20% plan)**
**Do you want an Office Visit Copay? _____ (example $20 - $30 per visit)**
**Do you want a Prescription Drug card? _____**
**Must we quote Dental coverage? _____**
**Must we quote Life Cover? _____ Amount of Life Cover needed? _____**

| 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 |
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**** NOTES:**

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.**