



Adrienne M. Bough, LUTCF
 P.O. Box 317 • Zionsville, IN 46077-1377
 Cell: 765-412-3442 • Phone 317-344-2043 • Fax 317-682-4761
 Member of NAIFA and NAHU

To receive a quote on rates for employee health coverage, please complete this employee census and fax to 317-682-4761.

Employee Gender M or F	Date of Birth written as: 00/00/00	Employee only	Employee & Spouse (List age of spouse.)	Employee & Children	Employee & Family	Number of Children	Life Only Coverage
1							
2							
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35							

Employee census continued from previous page.

Employee Gender M or F	Date of Birth written as: 00/00/00	Employee only	Employee & Spouse (List age of spouse.)	Employee & Children	Employee & Family	Number of Children	Life Only Coverage
		Check the appropriate box for desired coverage.					
36							
37							
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50							

Current Carrier:	
How long with current carrier	Effective Date:
Number of full time employees:	Number of part time employees:
Current Rates:	
Employee	Employee/Spouse
Employee/Children	Family
% increase at last renewal	Claim Losses over \$10,000 in last year
Additional locations:	
(please list location of each employee if multi-location)	
Current benefits:	
Deductible	Multi deductibles offered
Coinsurance	Maximum out of pocket
Network	Rx copay
Dental carrier & rates	Vision carrier & rates
Life Insurance	Supplemental Life Insurance
Includes Dependents	Includes Dependents
Short Term Disability	Long Term Disability
Other voluntary benefits	