GROUP HEALTH INSURANCE
EMPLOYEE CENSUS DATA REQUEST

Simpson Insurance Services
P.O. Box 914, Turlock, CA 95381-0914
Phone Number: 209-664-0477 or 888-664-0477 (toll free)
Fax: 209-664-0492 or 888-664-0492 (toll free)

Dennis D. Simpson
Agent/Broker
LIC # 0B12958
www.simpsonins.com

IMPORTANT INFORMATION NEEDED TO PROVIDE A QUOTE

Group Name _____ Telephone No. (____) _____

Address _____ City _____ Zip _____ Group Contact Person _____

Number of Full Time Employees _____ E Mail Address _____

Current Insurance Company _____ Renewal Date _____

Percent of Costs to be Paid by Employer _____ % Employee Cost Current Monthly Premium _____

_____ % Dependent Cost

	EMPLOYEE NAME LAST FIRST	SEX (M/F)	DATE OF BIRTH (MO/DAY/YEAR)	DEPENDENTS X IF SPOUSE	DEPENDENTS # OF CHILDREN	X IF ON COBRA	HOME ZIP CODE	LIFE AMOUNT ($)
1								
2								
3								
4								
5								
6								
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