



Nevada Benefits  
 9505 Hillwood Drive, Suite 100  
 Las Vegas, NV 89134  
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 Nevada License # 42429

## Group Health Insurance Census

Company Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Contact: \_\_\_\_\_  
 Nature of Business: \_\_\_\_\_

Current Health Insurance Carrier: \_\_\_\_\_ Current Rates: \_\_\_\_\_  
 Requested Effective Date: \_\_\_\_\_ Desired Deductible: \_\_\_\_\_

PPO: Yes \ No HMO: Yes \ No  
 Prescription Drug Card: Yes \ No Maternity: Yes \ No Dental: Yes \ No

Would your company also like quotes for :  
 Group Life Insurance: Yes \ No  
 Pension Planning: Yes \ No  
 Short-Term Disability: Yes \ No \*  
 Long-Term Disability: Yes \ No \*

Any known illnesses or other health problems in the group? \_\_\_\_\_  
 \_\_\_\_\_

### Census

| Name | Sex | Age | Spouse's Age | # of Child(ren) | Approximate Annual Salary * |
|------|-----|-----|--------------|-----------------|-----------------------------|
| 1.   |     |     |              |                 |                             |
| 2.   |     |     |              |                 |                             |
| 3.   |     |     |              |                 |                             |
| 4.   |     |     |              |                 |                             |
| 5.   |     |     |              |                 |                             |
| 6.   |     |     |              |                 |                             |
| 7.   |     |     |              |                 |                             |
| 8.   |     |     |              |                 |                             |
| 9.   |     |     |              |                 |                             |
| 10.  |     |     |              |                 |                             |
| 11.  |     |     |              |                 |                             |
| 12.  |     |     |              |                 |                             |
| 13.  |     |     |              |                 |                             |
| 14.  |     |     |              |                 |                             |
| 15.  |     |     |              |                 |                             |

\* If requesting a short or long-term disability quote, please provide salary information.

**Fax this completed census to 877-0956**