

## Group Health Insurance - Census Data Sheet

This information will be used to obtain quotes for group health insurance coverage. To get an accurate quote please furnish all requested information and list any known medical conditions or medications taken by anyone to be included on the insurance plan.



**Company Name** \_\_\_\_\_  
**Address** \_\_\_\_\_  
**City, State** \_\_\_\_\_  
**Zip Code** \_\_\_\_\_

Please download, complete, print and forward the form to (or press the submit below):  
 Jasen R. Hart  
 Phone Number (830) 796-577  
 Fax Number (210) 800-9754  
 jasen@myanchorpoint.com

Nature of business \_\_\_\_\_

Requested Effective Date \_\_\_\_\_ S.I.C. \_\_\_\_\_ Contact Person: \_\_\_\_\_

Total # of Full-time Employees \_\_\_\_\_

# of Employees to be on plan \_\_\_\_\_ Current Insurance Company \_\_\_\_\_

# of out-of-state employees to be covered \_\_\_\_\_ Current Deductible \_\_\_\_\_

Employee Name	Sex	Date of Birth	Spouse DOB (If to be covered)	# of children (if to be covered)	Coverage* (see box below)	Home Zip Code
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						

Use separate sheet if needed

Coverage* Needed	Medical Conditions (indicate employee #)
<b>E</b> = Employee Only	
<b>ES</b> = Employee & Spouse Only	
<b>EC</b> = Employee & Child(ren) Only	
<b>FF</b> = Full Family Coverage	