

Group Census Instructions & Cover Sheet

Texas American Agency

Thank you for choosing Texas American Agency to help you with your insurance needs. Listed below are instructions on how to complete and return the Group Census Form to better assist you. If you have any questions at all during the completion of this form, please do not hesitate to contact our office.

1. Print out the Group Census Form and Fax Cover Sheet
2. Fill out **ALL** forms and questions
3. Either fax or email all documents (Fax #: 817-496-9463, Email: txaa@att.net)
4. Allow up to 2 business day for a representative to get in touch with you

Date: _____

To: Texas American Agency

Attn: Donna Anderson

From: _____

of Pages following: _____

Comments:

Texas American Agency – Insurance License: 2960

Group Census Form

Company Name: _____

Address: _____

City, State, Zip: _____

Email: _____

Telephone #: _____ Fax #: _____

Please quote for effective date: _____

SIC: _____ or type of business: _____

Company Structure: _____ Sole Proprietor _____ Corporation LLC

(Check one) _____ Partnership _____ Other: _____

More than one location: _____ In or out of state? _____

Number of Full Time Employee's (30+ hours/week): _____

How many weeks payroll? _____ # Of Cobra's: _____

% Of costs to be paid by Employer: _____ % Of Dependent Costs: _____

Type of Employees to be quoted (circle one):

All – Management – Hourly – Salary - Non-Union

Employees Living Out of State: _____

Are you interested in other products? (circle any that apply)

Life – Dental – Vision – Disability

Questionnaire:

- Of the following, which is most important to you as a business owner looking for health benefits for your employees and yourself?
Rate 1 – 5
___ Low Deductible
___ Large network of providers
___ Dr. Office copays
___ Prescription copays
___ Overall cost of premium
- Would you be interested in helping employees with deductible costs if it gave significant premium savings? YES or NO
Why or why not? _____
- Are you interested in funding your premium with pre-tax dollars to receive tax savings? YES or NO
Why or why not? _____
- How soon are you looking to get coverage? _____
- Is 24/7 access to information and expert advice for questions you may have about your coverage, plan, or any other questions that arise important to you? YES or NO

Texas American Agency
6020 W Pioneer Pkwy #107
Arlington, TX 76013
817-457-2050

Company Name: _____

Employee Name	Sex	Date of birth	Coverage* (use key below)	Spouse's Date of birth	D.O.B. of Children	Residence Zip
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						

* Coverage (key): EE = Employee Only, ES = Employee plus spouse, EC = Employee plus child, EF = Employee plus spouse and child

Plan Information:

Current Plan Design:

Deductible_____ Coinsurance Limit_____ Benefit %_____ Office Copay_____
 Rx Coverage_____ Maternity: YES or NO

Current Carrier Information:

Current Carrier_____ Time with Carrier_____ Likes?_____
 Dislikes?_____