

GROUP HEALTH INSURANCE CENSUS FORM

Colorado Insurance Counselors, Inc.
 5105 DTC Parkway, Suite 400 * Greenwood Village CO 80111
 Phone: 303.394.4000 * Fax: 303.860.7855

Upon completion return to tim@cocounselors.com

Requested Effective Date:	
Requested Carrier:	
Company Name:	
Address:	
City/State/Zip:	
Contact Name:	
Phone:	
Fax:	
Nature of Business or SIC Code:	
Present Carrier:	

PLEASE COMPLETE BELOW INFO OR ATTACH AN EXCEL SPREADSHEET.
(List all employees even if waiving benefits)

	EMPLOYEE NAME	DOB	SEX	TYPE*	ZIP
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

***TYPE = EE (employee), ES (+spouse), EC (+children), FA (+spouse/children), WA (waiving)**

Special Notes:

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