

Dorey Insurance Group - Group Census

Company Name: _____

Nature of Business: _____

Primary Contact: _____

FEIN #: _____

Address: _____

City/State/Zip: _____

Phone Number: _____

Total # of Full Time Employees: _____

Current Insurance Company: _____

of Employees on Plan: _____

Current Deductible: _____

of Out-of-State Employees: _____

Employee Name	Tobacco Y/N	Sex	Date of Birth	Spouse Name & Date of Birth (If to be covered)	# Of Children	Children Name & Date of Birth	Coverage Type - See Below	Employee Zip Code
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								

Coverage Type
E = Employee
ES = Employee & Spouse
EC = Employee & Children
ESC = Employee, Spouse, and Children



Dorey Insurance Group

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