



Florida Health Insurance Advisors
 Port St Lucie, FL
 Phone: 772-237-5239
 Toll-Free: 888-267-2656

Please Return to either:
FAX: 772-237-5272
EMAIL: info@myfloridahia.com

GROUP HEALTH INSURANCE – CENSUS FORM

Group Name:				
Group Address:				
City:	State:		Zip:	
Email:	Phone:			
Current Insurance Carrier:				
Requested Effective Date, or Renewal Date:				

EMPLOYEE CENSUS

If adding dependants must include their DOB, sex and relationship to employee

	Employee Name (Or relationship to employee)	Date of Birth (or Age)	Sex	Home Zip Code	Coverage <small>(See Legend Below)</small>	Reason for Waiving (if not enrolled)
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						

COVERAGE NEEDED LEGEND:

E = Employee Only

EC = Employee & Children Only

ES = Employee & Spouse Only

FF = Full Family Coverage