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:

Phone:

Current Insurance Carrier:

Requested Effective Date, or Renewel 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** (See Legend Below)	**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
ES = Employee & Spouse Only
EC = Employee & Children Only
FF = Full Family Coverage