

EMPLOYEE CENSUS AND QUOTE REQUEST

FAX FORM TO 740-345-1571 OR MAIL TO:
Kenneth H. Wood, P.O. Box 615, Newark, OH 43058-0518
For additional information, contact **Ken Wood** at **740-345-9741**

Company Name: _____

Industry: _____

City: _____ County _____ State _____

Contact: _____ Telephone: _____ Fax: _____

- E = Employee Only**
- ES = Employee / Spouse**
- EC = Employee / Child**
- F = Family**
- W = Waive coverage**

Current Carrier: _____ How many years: _____

Note: Please List employees and type of coverage desired.
(Including eligible employees who will waive coverage)

- IMPORTANT - Please include the following:**
- 1) Copy of current health plan benefits schedule**
 - 2) Copy of most recent health billing statement**

Employee Annual Salary	Sex	Age	Spouse Age	Number of Children	Coverage Type
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					