

JCM Insurance Solutions
 14 Westbury Park Way, Suite 101
 Bluffton, SC 29910
 (843) 384-0981

Let us quote your group health plan. We are Group Specialists!

Employee Census										Just fill out, fax it back, and we will do the rest!
	Employee Name	Date of Birth/Age	Sex	Spouse Coverage?	If so, Spouse Age	# of Children	Life Ins Amount	Annual/Weekly Salary		
1										2 Agent: Jennie Martin
2										3 Name of Group:
3										4 Address:
4										5 City: Zip:
5										6 Contact Person:
6										7 Phone Number:
7										8 Years in position:
8										9 # retire employees:
9										10 Present Insurance Company:
10										11 # of active full-time employees:
11										12 Current Benefits Deductible
12										Coinsurance:
13										Maternity (Y/N):
14										12 Current Total Monthly Premium:
15										Single:
16										Family:
17										13 Is any employee/dependent on claim?
18										If yes, explain:
19										14 Has anyone ever been treated for: heart ailment, cancer, diabetes, stroke, AIDS, serious accident or illness?
20										Explain:
21										14 Is any employee/dependent now pregnant?
22										Due Date:
23										15 Is anyone contemplating hospitalization?
24										Explain:
25										16 Is your group covered by workers comp?

Please include a copy of your most recent Premium Statement. Fax to JCM Insurance Solutions @ 843-837-6701