

JCM Insurance Solutions
14 Westbury Park Way, Suite 101
Bluffton, SC 29910
(843) 815-6677

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	
1							Agent:
2							Name of Group:
3							Address:
4							City: Zip:
5							Contact Person:
6							Phone Number:
7							Years in position:
8							# retire employees:
9							Present Insurance Company:
10							# of active full-time employees:
11							Current Benefits Deductible
12							Coinsurance:
13							Maternity (Y/N):
14							Current Total Monthly Premium:
15							Single:
16							Family:
17							Is any employee/dependent on claim?
18							If yes, explain:
19							Has anyone ever been treated for: heart ailment, cancer, diabetes, stroke, AIDS, serious accident or illness?
20							Explain:
21							Is any employee/dependent now pregnant?
22							Due Date:
23							Is anyone contemplating hospitalization?
24							Explain:
25							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