W. E. Davis Insurance Agency, Inc.
Health Insurance Census Form

Fax - 614-444-1201, Phone - 614-443-0533

Business Name _____ Current Carrier_____

Address_____ Plan Type_____

County_____ Industry_____

Zip_____ Contact_____

List all full time employees; coverage is for life insurance only if employee waives the health insurance. Family Status; M=Married, S=Single

Employee Name	M/F	Age	Family Status	Salary	Date of hire	Spouse Age (If covered)	# Of Children (If covered)	Life Only
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								