



Economic Planning Health Corp.
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Group Health Insurance - Census Data Sheet

This information will be used to obtain quotes for group health insurance coverage.
To get an accurate quote please furnish all requested information and list any known medical conditions or medications taken by anyone to be included on the insurance plan.

Company Name _____
Address _____
City, State, Zip _____
Phone Number () _____
Nature of business _____
Requested Effective Date _____ S.I.C. _____
Contact Person: _____
Total # of Full-time Employees _____
Current Insurance Company _____
Current Deductible _____
Current Copay's _____

of Employees to be on plan _____

E = Employee Only _____
ES = Employee & Spouse Only _____
EC = Employee & Child(ren) Only _____
FF = Full Family Coverage _____