Propel HR

HEALTH INSURANCE CENSUS REPORT

This information is necessary in order to produce a health quote. Please complete the following. Date:_____

PROSPECT NAME_____ Copy of current insurance information ___Yes ___No

ADDRESS_____ Type of coverage interested in (if known): _____

TYPE OF BUSINESS_____ 80/60_____ 90/60_____ Other_____

Employee Name	Birth Date	Sex	Spouse's Birth Date	Type of Coverage	Zip Code	Health Problems	COBRA

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HEALTH INSURANCE CENSUS REPORT

This information is necessary in order to produce a health quote. Please complete the following. **Date:_____**

Employee #	BIRTH DATE	SEX	TYPE OF COVERAGE	ZIP CODE	HEALTH PROBLEMS	COBRA