

CENSUS FOR SMALL GROUP QUOTE

To request a small group quote, complete the preliminary information and submit the completed census form to Carla Martin martin_carla@sbcglobal.net

Date _____

GROUP NAME

GROUP ADDRESS

CITY/STATE/ZIP CODE

CONTACT NAME & PHONE:

AGENT NAME **CARLA MARTIN**

Current Carrier

Current Benefits

CURRENT RATES

EFFECTIVE DATE

List all pre-existing conditions on any
Individual applying for coverage.

(Not applicable in all states.)

Use extra page(s) if necessary

Please e-mail back along with a copy of the
current plan design.

**Carla Martin & Associates
Insurance**

Phone: 713 467.0663

Cell: 713 253.2251

martin_carla@sbcglobal.net

**CENSUS FOR SMALL
GROUP**

	EE	SEX	EE AGE	SP AGE	# CHILD	ZIP CODE
1						
2						
3						
4						
5						
6						
7						
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22						
23						
24						
25						

EE – Employee SP – Spouse

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