

Montgomery & Associates

2493 MacLaren Circle
 Doraville, Georgia 30360
 770.234.4849 (phone)
 770-234-0893 (fax)

Group Health Insurance Census Form

(print out and fax back or complete this form and email to mike@MontgomeryHealthInsurance.com)

Group Name:

Business Zip Code:

Business Telephone:

Business Contact:

Nature of Business:

	Name	Male/Female	Date of Birth	# Children	Election Choice <Employee only <Employee + Spouse <Employee + Spouse +Children <Employee + children E = employee S = spouse C = children
Example	Mary	F	1-1-1980	0	E
Example	Jim	M	1-1-1960	2	E+S+C
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					

Additional Information:

Y or N Does business currently contribute to employee health insurance costs?

_____ What percentage, if any, does business contribute?

Y or N Is current health insurance available for spouse and dependent children?

_____ What percentage, if any, does business contribute?

_____ Who is current carrier?

_____ What is approximate monthly cost to business?

How long has your current coverage been in place?

less than 6 months

more than 6 months

Y or N Are you interested in learning how Health Savings Accounts could potentially reduce costs?

Y or N We are mostly interested in cost savings.

Y or N We want to keep the costs the same but increase our coverage.

Y or N Are there any existing medical conditions that you feel we should be aware of?

Briefly explain: