GROUP CENSUS SHEET

Name of Company _____

Nature of Business (complete description and SIC code): _____

Address of Business _____

County and Zip Code _____

Company Telephone # _____ Fax # _____

Contact Person _____

Present Insurance Plan Information:

Name of Insurance Company _____ Deductible _____

Please Check if your plan has: **Dr. Visits Copay** _____ **AD&D** _____

Drug Card _____ **Life (Amount)** _____

Dental _____ **Other** _____

Monthly Premium Amount _____

Census Codes: EE-*Employees* ES-*Employees & Spouse* EC-*Employee & Child* F-*Family* LO-*Life Only*

NAME	SEX		DATE OF BIRTH OR EE AGE	DATE OF BIRTH OR SPOUSE AGE	PLEASE CHECK IF APPLIES					
	M	F			EE	ES	EC	F	# of Children	LO

Please return to Dickson Insurance Inc.

PHONE (330) 965-7600 • TOLL FREE 1-800-242-5542 • FAX (330) 965-7601