MED-A-PRO

ISI INSURANCE SPECIALISTS, INC.®
EST. 1959

Return Completed Census Data To:
Toll Free Fax: (866)871-2170
E-mail: sales@isi1959.com

GROUP INSURANCE CENSUS DATA

Submit by Email | Print Form

Company:

Address:

Date: Agent:

Group Phone #:
Group Fax #:

Contact

Nature of Business

E-mail address:

Current Carrier(s):
Renewal Date(s):

Current Medical Plan: HMO POS PPO Traditional Indemnity
Current Co-insurance: 100/70 90/80 100/70 80/60 Other

Coverage Desired Definitions:
EE = Employee Only
EE/SP = Employee + Spouse Only
EE/CH = Employee + Children Only
EE/SP/CH = Family

Lines of Coverage you are interested in:
Medical
Dental
Voluntary Dental
Life
Voluntary Life
Vision
LTD
STD

	Employee Name (Last, First, Middle Initial)	Sex	Date of Birth or Age	Health / Dental Coverages Desired					Job Titles - Needed to secure disability insurance quotes	Wage/Salary - Needed to secure disability quotes	State of Residence	Zip Code
				EE	EE SP	EE # CH	EE SP # CH	Waived				
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