

NELSON-PATTERSON INSURANCE AGENCY, INC.

Insurance - Risk Management - Administrative Services

746 RIVER ROAD, PO BOX B • NEW MILFORD, NJ 07646

Tel. (201) 262-1431 • Fax (201) 262-3740

email@nelson-patterson.com

Group Health Census/Questionnaire

Date: ____/____/____ Info Taken by: _____ Producer: _____

Business Name: _____

Address: _____ Zip Code: _____

Type of Business / Service: _____ Total # Employees: _____

Current Ins. Co.: _____ Proposed Eff. Date: _____

Plan Info. (pls circle)

Deductible	250	500	1,000	2,500
Coins:	70/30	80/20	(up to 10,000)	
Copay:	10	15	20	30
Plan:	POS	PPO	HMO	
Rx Plan:	5/10	15/15	5/10/15	
Hospital Copay Rider:	yes	or	no	

All Employee Census: *If more than 6 employees, then use back of sheet.*

Name	DOB	Job Title	F/P Time	Sex M/F	EE / EC ES / FAM

EE = Employee Only ES = Employee&Spouse EC = Employee&Child(ren) FAM = Family

Notes/Comments: _____
