



TexHealth Central Texas  
 2800 S. IH 35, Suite 131  
 Austin, TX 78704  
 Tollfree 1.877-704-0111  
 Phone 1.512.524.2618

Date:

**GROUP CENSUS FORM** *(please answer all questions)*

PRIMARY CONTACT NAME

CLIENT (LEGAL BUSSINES GROUP NAME)

Address

CITY  STATE  ZIP CODE  PHONE NUMBER

EMAIL  FAX

**Information about your plans, and services interested in:**

PROPOSED EFFECTIVE DATE:  BENEFITS RENEWAL DATE:

CURRENT COVERAGE  Health  Life  Dental  Vision  Disability  Other explain

CURRENT CARRIER (S)

COMPANY STRUCTURE  Sole Proprietor  Partnership  Corporation LLC  Other explain

TYPE OF BUSINESS

MORE THAN ONE LOCATION?  YES  NO EMPLOYEES LIVING OUT OF STATE  YES  NO

# OF FULL-TIME EMPLOYEES (30+ hrs)  # OF COBRA's  INDUSTRY SIC CODE

% OF COSTS TO BE PAID BY EMPLOYER  % OF EMPLOYEE COSTS  % OF DEPENDENT COSTS

ADD'L INFO:

**Please see next page for specific employee information needed. If additional pages are needed, please print blank form and copy.**



# GROUP CENSUS FORM *(employee information)*

EE#	Employee Name	M/F	AGE	DOB	SPOUSE (y/n)	# OF DEPENDENTS	ZIP	COBRA (y/n)
1	<input type="text"/>							
2	<input type="text"/>							
3	<input type="text"/>							
4	<input type="text"/>							
5	<input type="text"/>							
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14	<input type="text"/>							
15	<input type="text"/>							

**If additional employees spaces are needed, please use next page or copy.**

**PLEASE SAVE THIS FORM AND EMAIL TO [jrodriguez@texhealthct.org](mailto:jrodriguez@texhealthct.org) OR FAX TO 1-512-597-0672.**

