Aalpha Benefits, Inc.
8542 E June St, Mesa, AZ 85207
(480) 454-6565 (855) 238-4022 Fax: (480) 454-7103
Website: www.aalphabenefits.com

GROUP CENSUS FORM

Fax this form to (480) 454-7103 or e-mail: info@aalphabenefits.com

SECTION 1. Employer Data:

Today's Date: _____ / _____ / _____

Firm Name_____

Nature of Business_____

Contact Person_____

Address_____

_____

City_____ **State**_____

County_____ **Zip**_____

Phone (   )_____ **Fax** (   )_____

e-mail address_____

Legal Structure: ☐ Sole Proprietorship   ☐ Partnership (# of partners _____)   ☐ Corporation   ☐ LLC

☐ Other_____

My current carrier is: _____

Check here> ☐ if not currently offering group coverage

Renewal date for current plan(s):_____

Have you received your plan renewal? ☐ **Yes** ☐ **No**

My primary motivation is (check all that apply):

☐ Rates ☐ Service ☐ Benefit Design ☐ Network

☐ Other_____

Requested Effective Date: _____ / _____ / _____

Send by: ☐ e-mail ☐ fax ☐ postal mail ☐ in person

SECTION 2. Coverages to be quoted:

☐ Medical   ☐ Dental   ☐ Life   ☐ Vision   ☐ Short-term Disability   ☐ Long-term Disability

Other:_____

Office use only:	SIC:		
CARRIER	**OUT**	**IN**	**DELIVERED**

SECTION 3. Employee Census

Total number of employees working in your firm (include those in their probationary period): _____

Total number of full-time employees requesting coverage: _____

	Sex	Home Zip Code	Employee Name (first, last)	Smoker	Employee Date of Birth or Age	Simple Job Description	Wk Mo Yr (circle one) Salary
		**(Spouse & Children Information only needed if requesting quote for coverage)**				**(Only needed for disability insurance benefits)**	
1.	M F			Yes No			
	M F	Spouse date of birth/age ▶		Yes No	Child#1: M F DOB/age:	Child#2: M F DOB/age:	
					Child#3: M F DOB/age:	Child#4: M F DOB/age:	
2.	M F			Yes No			
	M F	Spouse date of birth/age ▶		Yes No	Child#1: M F DOB/age:	Child#2: M F DOB/age:	
					Child#3: M F DOB/age:	Child#4: M F DOB/age:	
3.	M F			Yes No			
	M F	Spouse date of birth/age ▶		Yes No	Child#1: M F DOB/age:	Child#2: M F DOB/age:	
					Child#3: M F DOB/age:	Child#4: M F DOB/age:	
4.	M F			Yes No			
	M F	Spouse date of birth/age ▶		Yes No	Child#1: M F DOB/age:	Child#2: M F DOB/age:	
					Child#3: M F DOB/age:	Child#4: M F DOB/age:	
5.	M F			Yes No			
	M F	Spouse date of birth/age ▶		Yes No	Child#1: M F DOB/age:	Child#2: M F DOB/age:	
					Child#3: M F DOB/age:	Child#4: M F DOB/age:	
6.	M F			Yes No			
	M F	Spouse date of birth/age ▶		Yes No	Child#1: M F DOB/age:	Child#2: M F DOB/age:	
					Child#3: M F DOB/age:	Child#4: M F DOB/age:	
7.	M F			Yes No			
	M F	Spouse date of birth/age ▶		Yes No	Child#1: M F DOB/age:	Child#2: M F DOB/age:	
					Child#3: M F DOB/age:	Child#4: M F DOB/age:	
8.	M F			Yes No			
	M F	Spouse date of birth/age ▶		Yes No	Child#1: M F DOB/age:	Child#2: M F DOB/age:	
					Child#3: M F DOB/age:	Child#4: M F DOB/age:	
9.	M F			Yes No			
	M F	Spouse date of birth/age ▶		Yes No	Child#1: M F DOB/age:	Child#2: M F DOB/age:	
					Child#3: M F DOB/age:	Child#4: M F DOB/age:	
10.	M F			Yes No			
	M F	Spouse date of birth/age ▶		Yes No	Child#1: M F DOB/age:	Child#2: M F DOB/age:	
					Child#3: M F DOB/age:	Child#4: M F DOB/age:	
11.	M F			Yes No			
	M F	Spouse date of birth/age ▶		Yes No	Child#1: M F DOB/age:	Child#2: M F DOB/age:	
					Child#3: M F DOB/age:	Child#4: M F DOB/age:	
12.	M F			Yes No			
	M F	Spouse date of birth/age ▶		Yes No	Child#1: M F DOB/age:	Child#2: M F DOB/age:	
					Child#3: M F DOB/age:	Child#4: M F DOB/age:	

List additional children here -
Comments: