

Jerry Ballard & Associates, Inc.

Large Group Census Form

Company Name: _____

Current Carrier: _____ Requested Effective Date: _____

Address: _____

County: _____ Email address: _____

Group Contact or Administrator Name: _____

Phone: _____ Fax Number: _____

Nature of Business or SIC Code: _____

Total Full Time Employees: _____ Total Eligible Employees: _____

Please use the following codes for "Coverage" type.

Employee Only=EO , Employee & Spouse=ES , Employee & Child(ren)=EC, Family=F

Enter No. Children if applying for employee and children or family coverage.

	DOB	Sex	Coverage	No. Children
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				

Please fax form to : 919-287-2777

Jerry Ballard & Associates, Inc. * P.O. Drawer 1497 * Morehead City, NC * 28557

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Large Group Census Form

	DOB	Sex	Coverage	No. Children
23				
24				
25				
26				
27				
28				
29				
30				
31				
32				
33				
34				
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36				
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