

# GROUP CENSUS FORM

|                         |               |                  |
|-------------------------|---------------|------------------|
| <b>EMPLOYER'S NAME:</b> | <b>City:</b>  | <b>Zip Code:</b> |
| <b>DATE:</b>            | <b>Phone:</b> | <b>Industry:</b> |

I certify that all employees on this census worked 30 hours or more per week and all employees are actively-at-work as of the date of this form. **Signature**

Please complete the following information for ALL employees. Those employees who are covered by another group plan (i.e.; spouse's plan, etc.) should still be listed, indicating that they have coverage elsewhere. Employees on COBRA coverage should also be listed, indicating their COBRA effective date. If you have any questions, call 815-935-7977.

| Employee (Male or Female) | Home Zip Code | Date of Birth MM/DD/YY | Weekly, Monthly, or Annual Wages for Salary-based Life, LTD, STD Quotes | Employee/Dependent Coverage Choice |                   |                  |                 |                                  |                                      | Cobra Effective Date MM/DD/YY |
|---------------------------|---------------|------------------------|---|------------------------------------|-------------------|------------------|-----------------|----------------------------------|--------------------------------------|-------------------------------|
|                           |               |                        |   | Employee Only                      | Employee & Spouse | Employee & Child | Family Coverage | Number of Children to be covered | Job Description for STD & LTD Quotes |                               |
| 1                         |               |                        |   |                                    |                   |                  |                 |                                  |                                      |                               |
| 2                         |               |                        |   |                                    |                   |                  |                 |                                  |                                      |                               |
| 3                         |               |                        |   |                                    |                   |                  |                 |                                  |                                      |                               |
| 4                         |               |                        |   |                                    |                   |                  |                 |                                  |                                      |                               |
| 5                         |               |                        |   |                                    |                   |                  |                 |                                  |                                      |                               |
| 6                         |               |                        |   |                                    |                   |                  |                 |                                  |                                      |                               |
| 7                         |               |                        |   |                                    |                   |                  |                 |                                  |                                      |                               |
| 8                         |               |                        |   |                                    |                   |                  |                 |                                  |                                      |                               |
| 9                         |               |                        |   |                                    |                   |                  |                 |                                  |                                      |                               |
| 10                        |               |                        |   |                                    |                   |                  |                 |                                  |                                      |                               |
| 11                        |               |                        |   |                                    |                   |                  |                 |                                  |                                      |                               |
| 12                        |               |                        |   |                                    |                   |                  |                 |                                  |                                      |                               |
| 13                        |               |                        |   |                                    |                   |                  |                 |                                  |                                      |                               |
| 14                        |               |                        |   |                                    |                   |                  |                 |                                  |                                      |                               |
| 15                        |               |                        |   |                                    |                   |                  |                 |                                  |                                      |                               |
| 16                        |               |                        |   |                                    |                   |                  |                 |                                  |                                      |                               |
| 17                        |               |                        |   |                                    |                   |                  |                 |                                  |                                      |                               |
| 18                        |               |                        |   |                                    |                   |                  |                 |                                  |                                      |                               |
| 19                        |               |                        |   |                                    |                   |                  |                 |                                  |                                      |                               |
| 20                        |               |                        |   |                                    |                   |                  |                 |                                  |                                      |                               |

PLEASE INSERT A "W" IN EMPLOYEE ONLY COLUMN IF EMPLOYEE IS WAIVING HEALTH COVERAGE

Secure Care of America, Inc.  
815-935-7977  
815-935-7974 Fax  
888-935-2220 Toll Free

The information provided on this form will be treated as privileged and confidential and used solely for the purpose of quoting group health insurance products.