

**Email completed form to - info@grouphealthTN.com  
or fax to: 615-290-5321**

GroupHealthTN.com  
811 Foxboro Court  
Brentwood, TN 37027  
Bus (615) 376-8899  
Fax (615) 290-5321

If you have more than 20 employees, use multiple copies of this form.

### EMPLOYEE CENSUS

Business Name: \_\_\_\_\_ Date: \_\_\_\_\_

# of Full-Time Employees: \_\_\_\_\_ Phone#: \_\_\_\_\_

Contact: \_\_\_\_\_

Current Carrier: \_\_\_\_\_ Renewal Date: \_\_\_\_\_

Include information about spouse/children only if they are expected to be covered. Use multiple forms for more than 20 employees.

	<u>Employee Name</u>	<u>DOB/Age</u>	<u>Gender</u>	<u>Status*</u>	<u>Zip Code</u>	<u>Spouse Age</u>	<u>Children Ages</u>
1.	_____	_____	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____	_____	_____
7.	_____	_____	_____	_____	_____	_____	_____
8.	_____	_____	_____	_____	_____	_____	_____
9.	_____	_____	_____	_____	_____	_____	_____
10.	_____	_____	_____	_____	_____	_____	_____
11.	_____	_____	_____	_____	_____	_____	_____
12.	_____	_____	_____	_____	_____	_____	_____
13.	_____	_____	_____	_____	_____	_____	_____
14.	_____	_____	_____	_____	_____	_____	_____
15.	_____	_____	_____	_____	_____	_____	_____
16.	_____	_____	_____	_____	_____	_____	_____
17.	_____	_____	_____	_____	_____	_____	_____
18.	_____	_____	_____	_____	_____	_____	_____
19.	_____	_____	_____	_____	_____	_____	_____
20.	_____	_____	_____	_____	_____	_____	_____

\*Status: 1. Employee only 2. Employee & Spouse 3. Employee & Child(ren) 4. Family