

GROUP HEALTH TENNESSEE

EMPLOYEE CENSUS FORM

Business Name: _____ Date: _____
 Contact Name: _____ Contact Phone: _____
 Number of full time employees: _____
 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.
 You may also complete this form online by visiting our [Group Health Tennessee website](#).**

	Employee Name	DOB/Age	Gender	Status <small>1. Employee Only 2. Employee & Spouse 3. Employee & Child(ren) 4. Family</small>	Zip Code	Spouse's Age	Children(s) Age
1.							
2.							
3.							
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18.							
19.							
20.							

Email completed form to Rick@rickdixoninsurance.com or fax to 615-290-5321

Rick Dixon Insurance Services
 811 Foxboro Court
 Brentwood, TN 37027
 (615) 376-8899 | Fax (615) 290-5321

Visit us on the web at RickDixonInsurance.com or GroupHealthTN.com