

Guarino Insurance Agency Group Health Insurance Census Form

1570 The Alameda, Suite 226, San Jose, CA 95126
tel 408-248-0909, fax 408-692-1442
License #0761333, 0D74354

Company Name: _____

Company Address: _____

Contact Name: _____ Phone: _____ Email: _____

Employee Name (Last Name, First Name)	Date of Birth	Gender	EE, ES, EC, FA*	Home Zip Code	Occupation (for life/LTD)	Income (for life/LTD)
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						

* EE=Employee only ES=Employee&Spouse EC=Employee&Child(ren) FA=Family

Plans to Quote (check appropriate choices): Medical HMO__ Medical PPO__ Dental __ Vision__ Disability__ Life__
 Percent of Premium paid by employer: for employees _____ for dependents _____ Number on COBRA (if any) _____
 Current Insurance Company: _____ Current Premium: _____ Renewal Date: _____
 Brief business description _____

Please scan & email OR fax completed census form to Beth and Mike. Fax 408-692-1442. Email – Mike@mikeguarino.com. Thank you.