Employee Census Form

Company Name ____________________ Address ____________________

City, State, Zip ____________________

Contact ______________ Industry ______________ County ______________

Coverage Options		Co-Insurance		Deductibles	
Maternity	☐	100%	☐	$500	☐
Prescription Card	☐	80%	☐	$1000	☐
Dental	☐			$2650	☐
Disab.	☐			$5250	☐

Current Carrier ____________________ Requested Eff. Date ________.

Status Choices

EE = Employee Only | ES = Employee & Spouse | EC = Employee & Child
FF = Full Family | LO = Life Only | DC = Dental only

Name	**Sex**	**DOB or Age**	**Spouse DOB**	**Status**	**# of Child.**	**Income For WDI/LTD**

Any Known Health Conditions ____________________

Comments ____________________

M.J. Hoey, Inc.
903 ½ Westport Road
Kansas City, MO 64111
P. (816) 756-1406 F. (816) 756-1404