

# Keating Insurance Services, LLC

## 1 - 50 Group Census

Group Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 County: \_\_\_\_\_  
 Type of Business: \_\_\_\_\_  
 NAICS Code: \_\_\_\_\_  
 Requested Effective Date: \_\_\_\_\_

Enrollment Codes  
 EE = Employee Only  
 SP = Employee & Spouse  
 CH = Employee & Child (ren)  
 FM = Employee & Family  
 WV = Waive

Include Ancillary Quote: Life: \_\_\_\_\_ LTD: \_\_\_\_\_ Vision: \_\_\_\_\_  
 Dental: \_\_\_\_\_ STD: \_\_\_\_\_ Other: \_\_\_\_\_

Size Question: What was the average number of total employees on business days during the preceding calendar year? \_\_\_\_\_

On a typical business day how many employees are eligible for health benefit plan coverage? \_\_\_\_\_

AZ Eligible: \_\_\_\_\_  
 Non-AZ Eligible: \_\_\_\_\_

**MUST ENTER THE DATE OF BIRTH (DOB) FOR ALL CUSTOMERS (EMPLOYEES, SPOUSES AND CHILDREN) SEEKING COVERAGE.**

	Employee Name	Employee Gender	Employee DOB	Spouse DOB	Complete for all family members applying for coverage						Please Use Codes Above	Home Zip Code	COBRA?	Job Title	Annual Salary
					Dep DOB	Dep DOB	Dep DOB	Dep DOB	Dep DOB	Dep DOB					
1															
2															
3															
4															
5															
6															
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18															
19															
20															

\*\*Occupation & Salary required for Life & Disability quotes only\*\*