THE MERRIAM AGENCY
INSURANCE SINCE 1895
CHARLES W. MERRIAM & SON, INC.

Please complete a group census to help us determine those in your group eligible for group coverage. Most carriers require it for the accurate quoting of health, dental, life, and disability insurance.

Company Name:_____
Address:_____
City: _____ State: _____ Zip: _____
Company Contact: _____ Phone: _____
Current Insurance carrier, if any: _____
Previous Carrier: _____
Current plan type ie HMO, POS, EPO, PPO:_____
Can you provide us with your current benefits and renewal rates?: Y/N

Company Census Information – Please indicate below the name of each employee (including yourself), Gender, Date of Birth, Family Status (Employee Only: **EE**, Employee + Spouse: **EE+S**, Employee +Child(s):**EE+C**, Family: **EE+F**), Spouse's date of birth, Number of Children, and home zip code. The more complete this information, the more accurate your rate and summary of benefits will be.

Upon completion – Please send to Sandy.Adams@merriaminsurance.com **or fax to: Attn:** Sandy **1(518) 346-0996.**

Name	Gender	D.O.B.	Family Status	Spouse's D.O.B (helpful)	# of Chil-dren	Home Zip