



Health Insurance Specialists

Return to: FG Insurance Inc
 PO Box 476, Forest Grove, OR 97116
 FAX: 503-207-5677

Census Form

Date: _____
 Business Name: _____
 Group Contact: _____
 Business Address: _____
 Phone Number: _____
 Current Carrier (if insured): _____
 Email Address: _____
 FAX Number: _____
 Effective Date: _____

- **Enrollment Key:**
- 01 Employee Only
- 02 Employee + Spouse
- 03 Employee + Spouse + children
- 04 Employee + Children
- **Other Status**
- G Waiving to other coverage
- NP Has not served waiting period
- NH Not enough hours to qualify for coverage
- W Waiving to no other coverage

Employee Name	Gender	Birth date	Hire Date	Eligible for coverage	Employee Zip Code	Enrollment Code (See Key)	Spouse or Domestic Partner		Ages of Dependent Children or number of dependants
							DOB Or Age	Gender	
	M F						M	F	
	M F						M	F	
	M F						M	F	
	M F						M	F	

	M F						M F	
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