

THE OHIO CHAMBER ALLIANCE, INC.

CENSUS INFORMATION SHEET

Company Name _____
 Address _____
 City _____ Contact _____
 Phone () _____ Fax() _____
 Date: _____

EMPLOYEE	SEX	INSURED'S D.O.B.	AGE	SPOUSE'S D.O.B.	AGE	NO. OF CHILDREN	TYPE OF COVERAGE
1							
2							
3							
4							
5							
6							
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19							
20							

You have requested that we review your current coverage and the following information is needed. This information will be treated confidentially and provided to our carriers to furnish the health care quotations requested. Coverage is only in force when all requirements are met.

The Ohio Chamber Alliance, Inc.
 9066 E. Market Street, Suite C
 Warren, OH 44484
 PH: (330)856-4383 Fax: (330) 856-4383

<u>TYPES OF COVERAGE</u>	
E -	Employee
ES -	Emp/Spouse
ESC -	Emp/Spouse & Children
EC -	Employee & Children
LO -	Life Only