To save data in fillable form, first download http://get.adobe.com/reader/ and open Company Census with Acrobat Reader, then save and submit.

Dickerson Employee Benefits
Insurance Services

AUTHORIZED GENERAL AGENT

License #0F69768

COMPANY CENSUS & PROPOSAL REQUEST

Submit Completed Census by fax 800-878-8501
or by email mathew@dickerson-group.com

Account Executive: _____

Company/Group Name: _____

Address: _____

City: _____

State: _____ ZIP Code: _____

Industry/SIC Code (non-medical coverage only): _____

Renewal Date: _____ Effective Date: _____

Broker: _____

Address: _____

City: _____

State: _____ ZIP Code: _____

Phone: _____ Fax: _____

License #: _____ Covered CA Certified: ☐ Y ☐ N

Email: _____

	First Name, Last Name	DOB mm-dd-yyyy	Age	Medical Status	Dental Status	Vision Status	ZIP Code for EE	M/F	COBRA Y/N	Salary***
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										

☐ Continued on next page(s) ☐ This is the only page

***only complete when quoting LTD, STD and higher amount of Life

Choose 1 (one) of the following for Required Medical Status Code:

for Employees (EE)		for Dependents
EE=Employee Only **ES**=Employee/Spouse	**EF**=Employee/Family **EC**=Employee/1 Child, **EMC**=Employee/Children	**SP**=Spouse, **DP**=Dependent

Dental Status Code (choose 1)	Vision Status Code (choose 1)
EE, ES, EF EC, EMC	**EE, ES, EF EC, EMC**

Requested: ☐ Medical ☐ Dental ☐ Vision ☐ Life ☐ STD* ☐ LTD* ☐ Workers' Comp**

☐ **Aetna:** Medical, Dental, Vision, Life, STD, LTD

☐ **Anthem Blue Cross**: Medical, Dental, Vision, Life, STD, LTD, Infertility

☐ **California*Choice*®**: Medical, Dental, Vision, Life, Chiro/Acupuncture

☐ **California Dental Network**: Dental

☐ **Choice Builder**: Dental, Vision, Life, Chiro/Acupuncture

☐ **Covered California for Small Business:** Medical, Dental

☐ **Employers****: Workers' Compensation

☐ **Health Net**: Medical, Dental, Vision, Life, Chiro, Infertility

☐ **Liberty Dental***: Dental

☐ **MetLife**: Dental, Vision (Safeguard), Life, STD, LTD

☐ **Premier Access***: Dental, Vision

☐ **Unum***: Dental, Vision, Life, STD, LTD

☐ **Vision Plan of America**: Dental, Vision

☐ **Voluntary/Integrated Benefits****: Dental, Vision, Life, STD, LTD, Accident, Cancer, Critical Illness, Hospital Indemnity, Limited Benefit Medical Plan (through Allstate, Assurant, Colonial Life, Mutual of Omaha, PanAmerican, Reliance Standard, Transamerica and more)

☐ **VSP**: through Morgan White Group

☐ **Western Dental:** Dental

*not quoted in-house **call for more information

Receiving Options

☐ Mail ☐ Email ☐ Fax ☐ Pick-up

General Information:

Virgin Group? ☐ Yes ☐ No Current Carrier: _____ Current Premium: $ _____ Life Amount: $ _____

Employer contribution: EE _____ % DEP _____ %

Account Executive:_____ Broker:_____

Company/Group Name:_____ Email:_____

	First Name, Last Name	DOB mm/dd/yyyy	Age	Medical Status	Dental Status	Vision Status	ZIP Code for EE	M/F	COBRA Y/N	Salary***
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Account Executive:_____ Broker:_____

Company/Group Name:_____ Email:_____

	First Name, Last Name	DOB mm/dd/yyyy	Age	Medical Status	Dental Status	Vision Status	ZIP Code for EE	M/F	COBRA Y/N	Salary***
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