AULTCARE

SMALL GROUP CENSUS

Group Name			Effective Date
Address			Submitted Date
City	State	Zip Code	Nature of Business
County			Current Carrier
Contact Name			Broker
Phone Number			

Name	Gender	Full Time/ Part Time	Date of Birth	Coverage Type*	Zip Code	Spouse Date of Birth	Child Date of Birth	Child Date of Birth	Child Date of Birth

*Coverage Type: EE=Employee, ES=Employee+Spouse, EC=Employee+Child(ren), F=Family, PT=Part-Time, W=Waiving, W/AC=Waiving (already with AultCare)

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