



HOLLIS & HOLLIS

INSURANCE BROKERS

Please return this completed form via email or fax to: Walt Hollis | walt@hollisbrokers.com | Fax # (877) 296-8855

COMPANY
CONTACT
ADDRESS
PHONE
EMAIL

EMPLOYEE CENSUS

Coverage Election codes: EE =Employee ES =Employee +Spouse EC =Employee +Child(ren) EF =Employee +Family W = Waived

	Employee Name	Date of Birth / Age	Home Zip Code	Current Selection		Coverage Election				
1				HMO	PPO	EE	ES	EC	EF	W
2				HMO	PPO	EE	ES	EC	EF	W
3				HMO	PPO	EE	ES	EC	EF	W
4				HMO	PPO	EE	ES	EC	EF	W
5				HMO	PPO	EE	ES	EC	EF	W
6				HMO	PPO	EE	ES	EC	EF	W
7				HMO	PPO	EE	ES	EC	EF	W
8				HMO	PPO	EE	ES	EC	EF	W
9				HMO	PPO	EE	ES	EC	EF	W
10				HMO	PPO	EE	ES	EC	EF	W
11				HMO	PPO	EE	ES	EC	EF	W
12				HMO	PPO	EE	ES	EC	EF	W
13				HMO	PPO	EE	ES	EC	EF	W
14				HMO	PPO	EE	ES	EC	EF	W
15				HMO	PPO	EE	ES	EC	EF	W
16				HMO	PPO	EE	ES	EC	EF	W
17				HMO	PPO	EE	ES	EC	EF	W
18				HMO	PPO	EE	ES	EC	EF	W
19				HMO	PPO	EE	ES	EC	EF	W
20				HMO	PPO	EE	ES	EC	EF	W
21				HMO	PPO	EE	ES	EC	EF	W
22				HMO	PPO	EE	ES	EC	EF	W
23				HMO	PPO	EE	ES	EC	EF	W
24				HMO	PPO	EE	ES	EC	EF	W
25				HMO	PPO	EE	ES	EC	EF	W