ASSURANT Health

Small Group Census

To request an Assurant Health small group quote, complete the preliminary information and submit the completed census form to your North Star Marketing representative.

Date:_____

GROUP NAME

GROUP ADDRESS

CITY/STATE/ZIP CODE

AGENT NAME

( )
AGENT TELEPHONE

( )
AGENT FAX

AGENT E-MAIL

CURRENT CARRIER

CURRENT BENEFITS

CURRENT RATES

EFFECTIVE DATE

EE	SEX	EE AGE	SP AGE	# CHILD
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				

EE – Employee SP – Spouse

List all pre-existing conditions on any individual applying for coverage.

(Not applicable in all states.)

Please fax or e-mail along with a copy of the current plan design. Thanks for considering Assurant Health for your small group clients.

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