

# Fortitude Insurance Group

## Group Census Form

**Phone: 973-998-7990**

**Fax: 973-531-5097**

Company Name: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**CURRENT PLAN**

Present Insurance Company: \_\_\_\_\_

Current Plan Type: \_\_\_\_\_ Renewal Date: \_\_\_\_\_

Deductible: \_\_\_\_\_ Office Visit Copayment: \_\_\_\_\_ Rx \_\_\_\_\_

Current Rates: \_\_\_\_\_

Desired Plan: \_\_\_\_\_

**CENSUS INFORMATION**

|    | Employee Name | Employee Gender | Employee Birth Date | Spouse Date of Birth | Dependent Date of Birth 1st Born | Dependent Date of Birth 2nd Born | Dependent Date of Birth 3rd Born |
|----|---------------|-----------------|---------------------|----------------------|----------------------------------|----------------------------------|----------------------------------|
| 1  |               |                 |                     |                      |                                  |                                  |                                  |
| 2  |               |                 |                     |                      |                                  |                                  |                                  |
| 3  |               |                 |                     |                      |                                  |                                  |                                  |
| 4  |               |                 |                     |                      |                                  |                                  |                                  |
| 5  |               |                 |                     |                      |                                  |                                  |                                  |
| 6  |               |                 |                     |                      |                                  |                                  |                                  |
| 7  |               |                 |                     |                      |                                  |                                  |                                  |
| 8  |               |                 |                     |                      |                                  |                                  |                                  |
| 9  |               |                 |                     |                      |                                  |                                  |                                  |
| 10 |               |                 |                     |                      |                                  |                                  |                                  |
| 11 |               |                 |                     |                      |                                  |                                  |                                  |
| 12 |               |                 |                     |                      |                                  |                                  |                                  |
| 13 |               |                 |                     |                      |                                  |                                  |                                  |
| 14 |               |                 |                     |                      |                                  |                                  |                                  |
| 15 |               |                 |                     |                      |                                  |                                  |                                  |
| 16 |               |                 |                     |                      |                                  |                                  |                                  |
| 17 |               |                 |                     |                      |                                  |                                  |                                  |
| 18 |               |                 |                     |                      |                                  |                                  |                                  |
| 19 |               |                 |                     |                      |                                  |                                  |                                  |
| 20 |               |                 |                     |                      |                                  |                                  |                                  |