

CENSUS

Please complete the census form below completely and email it to AultCare Sales at aultcaresales@aultcare.com. We must have all the information requested on this form to attain an accurate quote in a timely manner.

Group Name: _____
Address: _____

County: _____
Contact Name: _____
Phone Number: _____

Effective Date: _____
Submitted Date: _____
Nature of Business: _____
Current Carrier: _____
Broker: _____

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

* **Coverage Type** EE=Employee, ES=Employee+Spouse, EC = Employee+Child(ren), F=Family, PT= Part-Time (less than 25 hours per week), W=Waiving, W/AC=Waiving, already with AultCare

Name	Gender	Full Time / Part Time	Date of Birth	Coverage Type	Spouse DOB	Child DOB	Child DOB	Child DOB

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