



Small Group Census Form*

Instructions:

Please complete and fax back to one of our two offices below:

Lumberton:

Blue Coast Insurance

606 Carthage Road
Lumberton, NC 28358

Phone: **(910) 739-1549**

Fax: **(910) 739-1128**

Wilmington:

Blue Coast Insurance

232 Causeway Drive
Unit 1-3
Wrightsville Beach, NC 28480-9653

Phone: **(910) 547-0368**

Fax: **(910) 736-5022**

We can arrange a meeting to discuss your specific benefits if you wish



PLEASE COMPLETE AND FAX BACK TO:
ATTENTION: SMALL GROUP • FAX NUMBER (919) 765-3819

Are you already working with an independent authorized BCBSNC insurance agent/broker? Yes No

If yes, please give Agent or Agency Name: _____
(BCBSNC will forward your rate quote to your agent/broker for follow-up)

COMPANY NAME		COMPANY ADDRESS		
CITY	STATE	ZIP CODE	COUNTY	

CONTACT NAME	PHONE NUMBER	FAX NUMBER	EMAIL
Number of Full-Time Employees <i>(30 or more hours per week):</i> _____		Desired Effective Date for Group Coverage to begin: _____ / _____ / _____	

EMPLOYEE INFORMATION

	NAME <i>(optional)</i>		AGE	GENDER	DEPENDENT CHILDREN?	SPOUSE
1	LAST	FIRST		<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
2	LAST	FIRST		<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
3	LAST	FIRST		<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
4	LAST	FIRST		<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
5	LAST	FIRST		<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
6	LAST	FIRST		<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
7	LAST	FIRST		<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
8	LAST	FIRST		<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
9	LAST	FIRST		<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
10	LAST	FIRST		<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
11	LAST	FIRST		<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
12	LAST	FIRST		<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
13	LAST	FIRST		<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
14	LAST	FIRST		<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
15	LAST	FIRST		<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
16	LAST	FIRST		<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
17	LAST	FIRST		<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
18	LAST	FIRST		<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
19	LAST	FIRST		<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
20	LAST	FIRST		<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
21	LAST	FIRST		<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
22	LAST	FIRST		<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
23	LAST	FIRST		<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
24	LAST	FIRST		<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
25	LAST	FIRST		<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO