CB Health Insurance

Don't gamble with your health insurance

Request For Group Census Information

We cannot request your health insurance quotes without this complete information.

Today's Date:

Group Information:

Employer:
Address:
City:
State:
Zip:
Phone:
Business Type:
E-mail:

Company Census

# of Employees:

Coverage Type = EE (employee), EE&SP (employee & spouse) EE&CH (employee & child), F (family) *for employees insuring children, please indicate the number of children.*

Name	Gender	Birthdate	Coverage Type/Children	Zip Code
	Male: ☐ Female: ☐		/	
	Male: ☐ Female: ☐		/	
	Male: ☐ Female: ☐		/	
	Male: ☐ Female: ☐		/	
	Male: ☐ Female: ☐		/	
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	Male: ☐ Female: ☐		/	
	Male: ☐ Female: ☐		/	
	Male: ☐ Female: ☐		/	

Please fill-out this form completely and mail or fax to:

CB Health Insurance
188 Industrial Drive, Suite 226
Elmhurst, IL 60126

Phone: 630-279-1739
Fax: 630-279-1791
E-Mail: quotes@cbhealthinsurance.com