McCormack Consulting Group, Inc.
Schaumburg, IL 60193
Phone/Fax: 800-578-3940

SMALL GROUP CENSUS

Today's Date: _____ **Requested Effective Date**: _____

PLEASE RETURN THE FORM TO: karen@mcginsure.com - or - fax to **800-578-3940**

Company Name:	**Company Contact:**	
Company Address:		
Company City, State, Zip, County:		
Company Phone:	**Company Fax**:	
E-mail:		
Type of Business/SIC Code:		**Total Number of Employees:**
Current Carrier:	**Renewal Date:**	**Plan Name:**
Current Network:	**Current Deductible:**	**Current Network:**

Employee First Name (optional)	Employee Zip Code	Gender	Date of Birth	Spouse First Name (optional)	Spouse Gender	Spouse DOB	DOB-Gender of Child(ren)