

**Bowman O'Connor & Associates**  
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**Dallas, TX 75251**

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**GROUP MEDICAL CENSUS**

GROUP NAME \_\_\_\_\_ EO - EMPLOYEE ONLY  
 ADDRESS \_\_\_\_\_ EC - EMPLOYEE/CHILD  
 CITY, ZIP \_\_\_\_\_ ES - EMPLOYEE/SPOUSE  
 \_\_\_\_\_ EF - EMPLOYEE/FAMILY

PHONE \_\_\_\_\_ FAX \_\_\_\_\_

GROUP CONTACT \_\_\_\_\_ E-MAIL \_\_\_\_\_

CURRENT CARRIER \_\_\_\_\_ TYPE OF COMPANY (C-CORP, LLC, LLP...) \_\_\_\_\_

PLAN DESIGN (DEUCTIBELS, CO-PAY, CO-INSURANCE) \_\_\_\_\_  
 \_\_\_\_\_  
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	EMPLOYEE NAME	GENDER	DATE OF BIRTH	DEPENDENT STATUS (EO, EC, ES, EF)	ZIP CODE	COMMENTS
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