Employee Census - Group Benefits

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Please complete all information - This information will not be distributed or sold.

Group Name:			**Phone:**
Address:			**Fax:**
City:	**State:**	**Zip:**	**County:**
Contact:	**Nature of Business:**		

***Complete for ALL family members to be covered**						**Used for Disability & Life Quoting ONLY**	
***Name**	***Gender**	***Tobacco**	***DOB**	***Home Zip Code**	**Coverage**	**Salary**	**Job Description**
Ken Example	**M**	**Y/N**	**5/9/1966**	**80903**	****EE/ES/EC/Family**	**$ 30.5K**	**Communications Coordinator**

** EE=Employee Only, ES=Employee & Spouse, EC=Employee & Child(ren), Family, W=Waive

If more space is needed, please copy form.