

Employee Census

Presented by:



Prepared for:

Name of Business: _____

Business Zip Code: _____ Type of Business: _____

Name/Title	Sex M/F	Smoker Y/N	Date of Birth	Date of Hire	Annual Salary	Spouse Y/N	Child(ren) Y/N	Home Zip Code	Key Ee Y/N
1			__/__/__	__/__/__					
2			__/__/__	__/__/__					
3			__/__/__	__/__/__					
4			__/__/__	__/__/__					
5			__/__/__	__/__/__					
6			__/__/__	__/__/__					
7			__/__/__	__/__/__					
8			__/__/__	__/__/__					
9			__/__/__	__/__/__					
10			__/__/__	__/__/__					
11			__/__/__	__/__/__					
12			__/__/__	__/__/__					
13			__/__/__	__/__/__					
14			__/__/__	__/__/__					
15			__/__/__	__/__/__					

Requested Coverages: Group Health Group Dental Group Life Group Disability

Voluntary Coverages: Critical Illness Insurance Supplemental Insurance