



## EMPLOYEE CENSUS

No.	Employee Name	Sex	Birthdate	Coverage Wanted <sub>(y/n)</sub>	Age of Spouse	No.- of Children
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						

**PLEASE INCLUDE ALL EMPLOYEES ABOVE, EVEN IF COVERAGE IS NOT DESIRED FOR THAT EMPLOYEE.**

### *BUSINESS INFORMATION*

Company Name		Phone Number	(    )
Address		Type of Business	

### *CURRENT INSURANCE INFORMATION*

Present Insurance Co.		Expiration Date	
-----------------------	--	-----------------	--

### *INSURANCE BENEFITS INFORMATION*

Deductible Amount	\$		Life and AD&D Amount	\$	
Maternity Coverage	Circle	Y    N	Prescription Card	Circle	y    N
Dental Coverage	Circle	Y    N	Group Disability	Circle	y    N

---

1 E=Employee Only S=Employee and Spouse F=Family Coverage C=Employee and Children Only L=Life Only W=Waives All