



Innovative & Proven Services for Today's Employer

GROUP CENSUS INFORMATION

Employer/Group: _____ Contact: _____

Phone: _____ Type of Business: _____

Address

City

State

Zip

| | Employee Name | Zip Code | Employee | | | Type of Coverage | | | | Est. Gross Annual Wage |
|----|---------------|----------|----------|-----|-----|------------------|-----|-----|-----|------------------------|
| | | | DOB | Age | Sex | EO | E+S | E+C | Fam | |
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