

CENSUS LISTING

Name of Group: _____ Date: _____

#	ALL ELIGIBLES EMPLOYEE INITIALS	SEX M/F	DATE OF BIRTH	<i>See below if applicable.</i>		COBRA or State Cont.	WORK LOCATION (ZIP CODE)	Type of Coverage											
				TITLE	SALARY			OC (other Cov.)	EE (Emp. only)	ES (Emp. + Sp.)	EC (Emp. + Ch.)	EF (emp. + Fm.)	WP (Waiting Period)	MEDICAL	LIFE	DENTAL	VISION	DISABILITY	
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15.																			

**Complete only if requesting quote for STD/LTD and/or 401K (for 401K designate owners and officers annual income)*