



Group Insurance —Census Data Request

Company Name					Zip Code	SIC Code	Average Total Employees			Effective Date MM/DD/YYYY	
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#	Employee Name	Gender M/F	DOB MM/DD/YY	Spouse DOB MM/DD/YY	Child DOB MM/DD/YY	Child DOB MM/DD/YY	Child DOB MM/DD/YY	Child DOB MM/DD/YY	Medical Tier (EE-ES-EC-EF)	Salary (STD/LTD /LIFE)	Zip Code
1											
2											
3											
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Please FAX or email to:

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