

## Group Health Census

<b>Company Name:</b>	
<b>Address:</b>	
<b>City, State &amp; Zip:</b>	
<b>Contact Name:</b>	
<b>Phone Number:</b>	
<b>Nature of Business/SIC:</b>	
<b>Effective Date:</b>	

**Complete for Disability  
Proposals Only**

	Employee Name	Gender	Age/DOB	Dependents**	Home Zip Code	Occupation	Monthly Salary
1							
2							
3							
4							
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32							
33							
34							
35							

\*\* EO = Employee Only

\*\* ES = Employee/Spouse

\*\*EC = Employee/Child(ren)

\*\* EF = Employee/Family