

Group Health Census

Company Name:	
Address:	
City, State & Zip:	
Contact Name:	
Phone Number:	
Nature of Business/SIC:	
Effective Date:	

**Complete for Disability
Proposals Only**

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

- ** EO = Employee Only
- ** ES = Employee/Spouse
- ** EC = Employee/Child(ren)
- ** EF = Employee/Family