

COMPANY NAME _____ **DATE** _____
ADDRESS _____ **CITY/ZIP** _____
PHONE _____ **FAX** _____ **E-MAIL** _____
AGENT: HealthSource One / Don Fechter

GROUP CENSUS REPORT

Coverage Desired Key: **EE**=Single **EE/SP**=w/Spouse **EE/CH**=w/Child(ren) **FAM**=w/SP+CH

* Salary/Position: Fill in when requesting , life, short or long -term group disability quotes

#	Employee Name	Age	Sex (M/F)	Coverage to Elect (use key above)	Salary*	Position*
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