

Employee Census

| | |
|------------------------|----------------|
| Company Name: _____ | Address: _____ |
| Company Contact: _____ | Phone: _____ |
| Email: _____ | Fax: _____ |

| | Employee Name | Home Zip Code | Date of Birth | Sex | | This information is needed for disability quotes only | | Spouse Date of Birth | Coverage Requested | | | | *EE Status |
|----|---------------|---------------|---------------|-----|---|---|---------------|----------------------|--------------------|-----|-----|-----|------------|
| | | | | M | F | Occupation | Annual Salary | | EE | E/S | E/C | FAM | |
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*EE WP = In Waiting Period FT = Full Time PT = Part Time CS = Covered Through Spouse DC = Declined Coverage OC = Has Other Coverage
 EE = Employee E/S = Employee + Spouse E/C = Employee + Child (ren) FAM = Family