



EMPLOYEE CENSUS

FAX TO: 619.469.9203

FOR ASSISTANCE, CALL 619.668.5200

Company: _____

Contact: _____

Current Carrier: _____

Current Plan Name: _____

Phone: _____

Fax: _____

Email: _____

Nature of Business: _____

Address: _____

City: _____ State: _____ Zip: _____

	Employee Name	DOB or Age	Gender	Spouse to be Covered?	# of Children to be Covered	Home Zip Code
1			M F	Y N		
2			M F	Y N		
3			M F	Y N		
4			M F	Y N		
5			M F	Y N		
6			M F	Y N		
7			M F	Y N		
8			M F	Y N		
9			M F	Y N		
10			M F	Y N		
11			M F	Y N		
12			M F	Y N		
13			M F	Y N		
14			M F	Y N		
15			M F	Y N		
16			M F	Y N		
17			M F	Y N		
18			M F	Y N		
19			M F	Y N		
20			M F	Y N		
21			M F	Y N		
22			M F	Y N		
23			M F	Y N		
24			M F	Y N		
25			M F	Y N		

I AM INTERESTED IN DISCUSSING:

- Medical Insurance
- Dental Insurance
- Vision Insurance

- Life Insurance
- Long/Short Term Disability Insurance
- Long-Term Care Insurance

- Flexible Spending Accounts
- HSA (healthcare savings accounts)
- Retirement Plans



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