



PROFESSIONAL GROUP PLANS  
**GENERAL AGENT**  
*Specializing in Employee Benefits*



**EMPLOYEE CENSUS INFORMATION**

#	Employee Name or Initials	Sex	Date of Birth or Age	Dependent Coverage Information*	Annual Salary @	Job Title ^	Employee Home Zip Code	Enrolled Status†
1								
2								
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@ Only include if requesting Long Term Disability Coverage or Life Insurance that is a multiple of an employee's salary

^ Only include if requesting Long Term Disability Coverage

\* **E:** Employee Only  
**ES:** Employee & Spouse  
**EC:** Employee & Children  
**ESC:** Full Family

† **C:** Cobra  
**SW:** Spousal Waiver  
**W:** Waiver



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**EMPLOYEE CENSUS INFORMATION (CONTINUED)**

#	Employee Name or Initials	Sex	Date of Birth or Age	Dependent Coverage Information*	Annual Salary @	Job Title ^	Employee Home Zip Code	Enrolled Status†
1								
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