EMPLOYEE CENSUS

COMPANY NAME : _____

ADDRESS : _____

_____ ZIP CODE: _____

NATURE OF BUSINESS : _____

MALE/FEMALE	DATE OF BIRTH	DEPENDENTS	SALARY*	OCCUPATION*

DEPENDENTS : **E = EMPLOYEE** **E/S = EMPLOYEE & SPOUSE**
E/C = EMPLOYEE & CHILD **F/F = FULL FAMILY**

*** COMPLETE ONLY IF QUOTING LIFE, WEEKLY DISABILITY OR LONG TERM DISABILITY.**