Legendserv.com

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Group Census Form

Company Name:____

Contact Person:____

Company Address: ____

City: _____________________________________ State: ___________ Zip: ____________

Company Phone Number:____________________ Company Fax Number: _______________

Contact email address: ____

Type of Business Company engages in: ____

Company SIC Code ______________ Date New plan to go into effect ___________________

Current Plan
underwriter____

Current premium paying monthly $__________________

Optional Dental? Yes _____ No _____

Optional Optical? Yes ____ No ____

Optional Term Life Insurance? Yes _____ No _____

Plan Codes:

Employee only - EO
Employee/Spouse - ES
Employee/Child - EC
Employee/Children - EH
Employee/Family - EF

Company Name____

#	Employee Name	Sex	Date of Birth/ Age	Home Zip Code	Plan Code
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					