

CENSUS FOR GROUP HEALTH INSURANCE

Company Name: _____

Company Industry: _____

City: _____ Zip Code: _____

	Employee Name	Gender	Date of Birth	Spouse Y / N (DOB)	# of Children (DOB)	Zip Code
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Please e-mail to pviveros@alumnimarketing.net

Attn: Paul Viveros, REBC, RHU