

Employee Census

Presented by: MainStreetChamber, Tri-County



Contact Person: _____

Name of Business: _____

Business Zip Code: _____ Type of Business: _____

Employee Name	Sex M/F	Smoker Y/N	Date of Birth	Date of Hire	Annual Salary	Spouse Y/N	Child(ren) Y/N	Home Zip Code	Key Ee Y/N
1			__ / __ / __	__ / __ / __					
2			__ / __ / __	__ / __ / __					
3			__ / __ / __	__ / __ / __					
4			__ / __ / __	__ / __ / __					
5			__ / __ / __	__ / __ / __					
6			__ / __ / __	__ / __ / __					
7			__ / __ / __	__ / __ / __					
8			__ / __ / __	__ / __ / __					
9			__ / __ / __	__ / __ / __					
10			__ / __ / __	__ / __ / __					
11			__ / __ / __	__ / __ / __					
12			__ / __ / __	__ / __ / __					
13			__ / __ / __	__ / __ / __					
14			__ / __ / __	__ / __ / __					
15			__ / __ / __	__ / __ / __					
16			__ / __ / __	__ / __ / __					
17			__ / __ / __	__ / __ / __					
18			__ / __ / __	__ / __ / __					
19			__ / __ / __	__ / __ / __					
20			__ / __ / __	__ / __ / __					

Requested Coverages: Group Health Group Dental Group Life Group Disability

Voluntary Coverages: Critical Illness Insurance Supplemental Insurance Access Discount Health Card

Please circle coverages you're interested in and fax to: Jerry Van Houten

Fax: 866-547-4835 or email: jerry.vanhouten@mainstreetchamber.com

Call 209-869-8200 for any questions or to schedule your FREE, No-Obligation service quote.