CENSUS to QUOTE HEALTH BENEFITS

Company Name:			*Status Codes:*	***S = Single***		
				ES = Employee & Spouse		
				EC = Employee & Child		
				F = Family		
				If Family,	**# Dependents**	**# Dependents**
Last Name	**Gender**	**Birthdate**	**Status**	**# of Dependents**	**Dep. Under 19 yrs**	**19-25 yrs**
_						

COMPANY CENSUS

Status Codes: ***S = Single***
ES = Employee & Spouse
EC = Employee & Child
F = Family

Use these two columns if you need Life or Disability Quotes:

Last Name	Gender	Zip Code	Birthdate	Status	If Family, # of Dependents	# Dependents Under 19 yrs	# Dependents 19-25 yrs	Occupation	Annual Income

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					If Family,	# Dependents	# Dependents		
Last Name	**Gender**	**Zip Code**	**Birthdate**	**Status**	**# of Dependents**	**Under 19 yrs**	**19-25 yrs**	**Occupation**	**Annual Income**