

PMG

CONFIDENTIAL EMPLOYEE CENSUS FOR

PREPARATION OF PROPOSAL AND, IF APPLICABLE, GROUP HEALTH PREMIUM QUOTES

COMPANY NAME: _____ DATE: _____

Employee Name	Date of Birth	M A L E	F E M A L E	Annual Salary	Workers' Comp. Code	Position	Coverage Required by Employee * See Key Below

* Key Codes for

A=Employee Only

B=Employee + Spouse

C=Employee + Child(ren)

D=Employee + Family