

Please include a copy of your benefit design and/or booklet
EMPLOYEE CENSUS FOR QUOTE/PROPOSAL

As of _____
 month / day / year

Renewal/Effective Date _____

Company Name _____

Contact Name _____

Email Address _____

Telephone Number _____ Fax Number _____

Company Address _____

| Employee Name (List all that are Eligible) | Currently Insured Y or N | Residential Zip Code | Gender (M) Male (F) Female | Date of Birth | Dependent Status (S) Single (E&C) EE/Child (E&CH) EE/Children (H&W) Husband/Wife (F) Family | Number of Children & List Gender and DOB |
|---|-----------------------------|-------------------------|----------------------------------|------------------|--|---|
| 1. | | | | | | |
| 2. | | | | | | |
| 3. | | | | | | |
| 4. | | | | | | |
| 5. | | | | | | |
| 6. | | | | | | |
| 7. | | | | | | |
| 8. | | | | | | |
| 9. | | | | | | |
| 10. | | | | | | |
| 11. | | | | | | |
| 12. | | | | | | |
| 13. | | | | | | |
| 14. | | | | | | |
| 15. | | | | | | |

Return to:

**Bollinger Insurance
 400 Market Street, Suite 450
 Philadelphia, PA 19106
 Attn: Irene Walton - Fax (215) 351-9012**