

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

Renewal/Effective Date _____

Name _____

Contact Name _____

Email Address _____

Telephone Number _____ Fax Number _____

Address _____

Name	Tobacco User 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 Spouses date of birth _____ Tobacco User _____

Dependent Children (List date of birth and gender)

Return to:

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