

EMPLPOYEE CENSUS

GOODWIN INSURANCE ASSOCIATES

Group – Health – Life – Long Term care
Annuities – Estate Planning Equity Index

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Complete this census on each eligible employee. Indicate Status of insurance coverage requested on each employee as: (E) Employee Only, (S) Employee + Spouse, (C) Employee + Children, (F) Employee + Family. NOTE: Do not use Employee’s ages; actual dates of birth are required.

COMPANY NAME: _____

ADDRESS: _____

PHONE: () _____ FAX: () _____

	EMPLOYEE NAME	M / F	D O B	STATUS	ZIP CODE
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