

27

ADVANCED BENEFITS GROUP Employee Benefit Census Form

| Please Return to: FAX: 856-348-0258 | | | | | | | | | | |
|-------------------------------------|-------------------------------------|--------------|------|------------------|-----|-----------------|-------------------|--------------------------|-----------|---|
| Company N | 0 | V | | | | | | Current Carrier: | | Years in business: |
| Contact Person: | | | | | | | | Curent Plan | | |
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| Phone: Fax: | | | | | | | | Τ | Email: | |
| Company Address: | | | | | | | | Employer Contribution %: | | |
| | | | | | | | | Effective Date: | | |
| Nature of Business: | | | | | | | | Renewal | | |
| | | | | | | | | Date: | | |
| | Check if a Manager or Sprvsr. | Class | Name | Date of Birth | M/F | Date of Hire | County / State | Home Zip | Job Title | Salary (needed to quote life & disability) |
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