



# EMPLOYER CENSUS FORM

**FAX ALL QUOTE REQUESTS TO 916.786.5760**

**COMPLETE CENSUS FORM**

EE = EMPLOYEE ONLY  
 ES = EMPLOYEE AND SPOUSE/DOMESTIC PARTNER  
 EC = EMPLOYEE AND CHILD(REN)  
 FA = FAMILY

PLEASE PRINT ALL INFORMATION

	NAME OF EMPLOYEE	DATE OF BIRTH	COVERAGE LEVEL				HOME ZIP CODE
			EE	ES	EC	FA	
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 877.735.5742

QUOTE REQUEST WILL BE PROCESSED WITHIN 24 TO 48 HOURS