

<b>Aden Insurance Consulting</b>									
<b>GROUP CENSUS Worksheet</b>				<b>Fax to (404) 806-4413 or email to Jaden@jofainc.com</b>					
<b>COMPANY NAME:</b>				<b>COVERAGE CODES:</b>					
<b>ADDRESS:</b>				<b>E= Employee Only</b>					
<b>CITY:</b>				<b>ES = Emp+Spouse</b>					
<b>ZIP CODE:</b>				<b>EC = Emp + Child(ren)</b>					
<b>PHONE:</b>				<b>FAM=EE+FAMILY</b>					
<b>Note: if covering dependents all individual dependent information must be included - Name, DOB, Gender, Smoking &amp; ZIP for each.</b>									
<b>Please list each dependent member under the employee and whether they are a spouse or child.</b>									
#	Name	Date of Birth	Gender	Type Coverage <u>Employee</u> <u>requesting</u>	<u>If Dependent -</u> <u>List whether</u> <u>Spouse or</u> <u>Child</u>	<u>Smoking - Y</u> <u>or N</u>	For Life, Dental or Disability - Salary	Home Zip for all applicants.	WAIVER if requested.
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	<b>COMPANY NAME:</b>						<b>COVERAGE CODES:</b>		
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Date Completed \_\_\_\_\_