



# THE INSURANCE EXCHANGE

*"Giving Today's Agents More Time to Sell!"*

## Census For Proposal

Logged:	CL1	CL0	GL1	GL0	FILE: _____	Rec'd Date: _____
					Fax: _____ Mail: _____ Pickup: _____	Sent Date: _____
						Eff Date: _____

Group Name: _____	Agent Name: _____
City/St/Zip: _____	Agent Phone: _____
County: _____	Agent Email Address: _____
Type of Business: _____ SIC Code: _____	Renewal Date: _____
Current Carrier: _____	# of EE's: _____ # Applying: _____

## Coverage Requested

	YES	NO		YES	NO
Medical	_____	_____	Vision	_____	_____
Life	_____	_____	STD	_____	_____
Voluntary Life	_____	_____	LTD	_____	_____
Dental	_____	_____	Other	_____	_____

Any known medical conditions? Yes  No

## Census Information

## Notes

Emp Name	Age	M/F	DOB	Home Zip	EE	ES	EC	EF	Notes
1									
2									
3									
4									
5									
6									
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25									

Uhc	PacifiCare	AETNA	ANCL
			Life Dental Vision