

## Census Information Needed to Prepare a Quote

	Gender M/F	Coverage Type ***	Employee Date of Birth <u>IF ENROLLING</u>	Spouse Date of Birth <u>IF ENROLLING</u>	Total # Children <u>IF</u> <u>ENROLLING</u>	Location State or Zip Code	Health Questionnaire Attached Yes or No
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**\*\*\* Coverage Type Codes**

EE =	EE/SP=	EE/CH =	FAM =	W=	C=
Employee Only	Employee & Spouse	Employee & Children	Employee Spouse & Children	Waiver	Cobra