PARTNERS IN BENEFIT PLANNING, INC.
2000 S.E. 15TH Street, Building 400-E, Edmond, OK 73013
PHONE (405) 330-4015

HEALTH & LIFE CENSUS

FAX (405) 330-1917

NAME OF COMPANY_____

Name or Number Of Employee	Gender M / F	Date of Birth mm/dd/year Employee	Type of Coverage (check one) EE	ES	EC	FAMILY	Date of Birth Spouse	Employment Status FT / PT	Annual Salary*	Occupation*

PLEASE LIST *ALL* EMPLOYEES ON CENSUS, EVEN IF THEY DO NOT HAVE COVERAGE CURRENTLY.

*Fill in these two (2) columns **only** if requesting disability quotes **or** if your life insurance is based on salary.