GROUP CENSUS FORM

Company Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Nature of Business: _____

Name initials	**Sex**	**D.O.B.** age	**Spouse**	**Number of Children**	**COBRA**	**Salary***	**Life Amount**	**Employee Zip Code****

* Salary - Enter amount only if necessary for life/short term disability.
** Zip Code - Refers to out of state employees.

Alliance Benefit Consultants
2034 Ridge Road, 2nd Floor • Homewood, Illinois 60430
Toll Free: 877-478-7USA Phone: **708-922-9450** Fax: 708-922-9460
Member of Insurance Group USA