

Employee Census Form

Business Name:

Address Line 1:

Address Line 2:

Phone:

Fax:

Email:

Contact Person:

	Name (Last, First)	M/F	Date of Birth	Coverage* (see key below)	Home Zip code	Date of Full Time Hire	Annual Salary**	Job Title**
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25								

***Coverage Key:** *EE = Employee, ES = Employee & Spouse*

EC = Employee & Child(ren), ESC = Employee Spouse & Child(ren) (family)

****Annual Salary & Occupations Only Required for Disability Quotes**

John Howrani Insurance

Please call us with any questions

Phone: 810-732-6960

Fax: 810-732-7792