

EMPLOYEE CENSUS

COMPANY NAME: _____

ADDRESS: _____

Street _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____ E-Mail _____

EFFECTIVE DATE: _____

SIC/NATURE OF BUSINESS: _____



**CONSOLIDATED
BENEFITS**

An Employer's Best Friend

3081 Gilchrist Road

Suite 110
Akron, OH 44305

330-733-3123
1-800-733-3165

Fax: 330-733-3214

EE Initials	Sex	Date of Birth			Occup. or Title	Basic Earnings	Life Benefit	Home Zip Code	Emp. Only	Emp. & Spouse	Emp. & No. of Children	Emp./Sp. & No. of Children
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