CENSUS FOR

ADDRESS

PHONE NUMBER

SIC CODE/TYPE BUSINESS

STATUS TYPE

1 (Single)
2 (Employee & Spouse)
3 (Employee & Child)
4 (Employee & Children)
5(Family)

FIRST NAME OF EMPLOYEE	D.O.B.	SEX	STATUS	SPOUSE'S D.O.B.	WAIVER (DISABILITY, COBRA, ETC.)

COVERAGE REQUESTED
___Health
___Life
___Short Term Disability
___Dental
___Vision
___Voluntary
___Other_____

Health Insurance
____ Deductible desired
HSA Y/N

Life
$_____amount

Short Term Disability
$_____amount per week
Length of time_____

Return to Dennis D Smith Insurance Fax: (717) 225-9158 or e-mail to dennis@dennisdsmithinsurance.com