STEPHENSON WELSH
INSURANCE SERVICES

Company Name: _____
Date: _____

CENSUS DATA

First Name	Last Name	Date of Birth or Age	Status (EE,ES,EC or EF)	Home Zip Code	Gender (M,F)	COBRA (Y/N)	Email (optional)	Status Type:
								EE = Single
								ES = Employee / Spouse
								EC = Employee / Children
								EF = Employee / Family

Please Fax To:
Stephenson Welsh Insurance Services
Fax #: 925-256-7878