

Capital City Benefits & Insurance Services

Company Census Information

Company Name:	Phone:	Fax:	Yrs in Business
Address:	City:	State:	Zip:
Current Carrier:			
Plan Design:	Requested Effective Date:	Email:	

EE #	NAME	M/ F	Date of Birth or Age	Cov. Type*	Home City/ Zip Code	Life/Disability Only	
						Salary	Job Title
1							
2							
3							
4							
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23							
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25							

Life/Disability Only

*COVERAGE TYPES: EE = Employee Only, EE/S = Employee & Spouse, EE/C = Employee & Children, EE/F = Employee & Family

**Please complete the company information section and employee census form and fax to
Capital City Benefits & Insurance Services at (916) 848-3592**

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Company Census Information

EE #	NAME	M/ F	Date of Birth or Age	Cov. Type*	Home City/ Zip Code	Salary	Job Title
26							
27							
28							
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