



## Employee Census Report

Company			Current Carrier Info	
Contact			Current Rates	
Address			Employee	
City, State, Zip			Employee/Spouse	
Phone		Fax	Employee/Child	
e-mail Address			Employee/Family	
Nature of Business				

	Name (First, Last)	Occupation	Salary	DOB/ Age	Sex	ZIP	Coverage *
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.							
16.							
17.							
18.							
19.							
20.							

\* Coverage: [ Employee (E), Spouse (S) , Child(ren) ( C ) , Family (F)]

If you would like to have the census format e-mailed to you, please e-mail your request to:

[chad@CRLBenefitsGroup.com](mailto:chad@CRLBenefitsGroup.com)

Occupation and Salary information required for LTD and Pension proposals.

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