Print, complete & FAX to 1-877-538-7168; then close window and finish **proposal request.**

Employer Group _____

Your Name _____

Your Phone _____

Employee Census Information

For each full time, eligible employee please list the sex, age or date of birth, and check one column for the family members that will be enrolling in the plan.

Sex	Date of Birth Or Age	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family

FAX TO 1-877-538-7168