The Burns Insurance Agency
Employee Census Sheet

Group Name: _____

Effective Date: _____ **Tax ID:** _____
Group Contact: _____ **Contact Phone:** _____
Zip Code: _____ **NOB or SIC#:** _____
Current Carrier: _____ **ER Contribution:** _____
Broker: _____ **Current AOR?:** _____
Total # Employees: _____ (NOB=nature of business AOR=agent of record)

Status Key	
EE = Employee Only	
ES = Employee & Spouse	
EC= Employee & Child(ren)	
F = Family	W = Waiver
LO = Life Only	C = COBRA

If group is multi-location, please provide address for each location and indicate which employees work at each location.

	Gender	DOB	Spouse DOB	EE	ES	EC	F	W	LO	C	# of child(ren)	Zip Code	Occupation (if applicable)	Salary (if applicable)
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