

**Disability-Insurance-Protection.Com  
Group Census Worksheet  
Fax Census to (310) 820-7522**

<b>Group Name:</b>	_____
<b>Type of Business:</b>	_____
<b>Address:</b>	_____
<b>Phone Number:</b>	_____
<b>Effective Date:</b>	_____

Only provide information for employees working a minimum of 30 hours per week.

<b>REQUESTED GROUP QUOTE</b>	
<input type="checkbox"/>	LONG-TERM DISABILITY
<input type="checkbox"/>	SHORT-TERM DISABILITY
<input type="checkbox"/>	LONG-TERM CARE
<input type="checkbox"/>	LIFE

Employees Age	Monthly Salary	Employee Name	Male (M) Female (F)		Job Description
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1					
2					
3					
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21					
22					
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41					
42					
43					
44					
45					
46					
47					
48					
49					
50					

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