

EMPLOYEE CENSUS



Assurance Risk Managers

www.arm-i.com

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Company Name:
Contact:
Phone: Fax:
Address:
City, State, Zip:
Email:
Type of Business:

* Coverages: EE=employee only, ES=employee+spouse, EC=employee+children, EF=employee+spouse+children, W=waive coverage, C=COBRA or State Continuation coverage. Please specify family members to be covered.

	Required Information			Optional Information				
	Age or Birth date	Coverage Requested*	Zip Code (if out of area)	Employee Name	Sex	Age of Spouse	# of Children	Job & Salary (if applying for Disability Insurance)
1					M/F			
2					M/F			
3					M/F			
4					M/F			
5					M/F			
6					M/F			
7					M/F			
8					M/F			
9					M/F			
10					M/F			
11					M/F			
12					M/F			
13					M/F			
14					M/F			
15					M/F			
16					M/F			
17					M/F			
18					M/F			
19					M/F			
20					M/F			
21					M/F			
22					M/F			
23					M/F			
24					M/F			
25					M/F			
26					M/F			
27					M/F			
28					M/F			
29					M/F			
30					M/F			