

Census Form



Please mail or fax this form to: Attn: Bill Garling KIAWA

PO Box 68, Dublin, OH 43017-0068 Phone: 800-606-6332 Fax No. – 614-889-0463

Company Name:		Nature of Business:						
Contact Person:								
E-mail address: Phone Number:								
Street address:								
City:	S	state:	Zip Code: SIC Code:					
Total No. Employees Eligible:		Tot	al No. Empl	oyees Applyi	ng:			
Current Carrier:			Agent	:				
Effective Date:		Rer	ewal Date:					
Name	Sex	Employee DOB	Spouse DOB	Coverage for Spouse?	# of Children	Coverage for children?	Monthly Salary*	Life Only
				Yes No		Yes No		
				Yes No		Yes No		
				Yes No		Yes No		
				Yes No		Yes No		
				Yes No		Yes No		
				Yes No		Yes No		
				Yes No		Yes No		
				Yes No		Yes No		
				Yes No		Yes No		
				Yes No		Yes No		
				Yes No		Yes No		
				Yes No		Yes No		
				Yes No		Yes No		
				Yes No		Yes No		
				Yes No		Yes No		
				Yes No		Yes No		
				Yes No		Yes No		
				Yes No		Yes No		
				Vos. No.		Vas No		

^{*}Monthly Salary only needed to quote benefits based on salary such as disability or life insurance.