



## 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: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ SIC Code: \_\_\_\_\_

Total No. Employees Eligible: \_\_\_\_\_ Total No. Employees Applying: \_\_\_\_\_

Current Carrier: \_\_\_\_\_ Agent: \_\_\_\_\_

Effective Date: \_\_\_\_\_ Renewal Date: \_\_\_\_\_

| Name | Sex | Employee<br>DOB | Spouse<br>DOB | Coverage<br>for<br>Spouse? | # of<br>Children | Coverage<br>for<br>children? | Monthly<br>Salary* | Life<br>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                       |                    |              |
|      |     |                 |               | 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                       |                    |              |

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