FBG
First Benefits Group, Inc.

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Group Census Sheet

Date _____ Contact Person _____

Group Name _____ Phone _____

E-Mail _____ Fax _____

Address _____

Employee Name	Sex	DOB or Age	Circle One			
			E	ES	EC	ESC
			E	ES	EC	ESC
			E	ES	EC	ESC
			E	ES	EC	ESC
			E	ES	EC	ESC
			E	ES	EC	ESC
			E	ES	EC	ESC
			E	ES	EC	ESC
			E	ES	EC	ESC
			E	ES	EC	ESC
			E	ES	EC	ESC
			E	ES	EC	ESC
			E	ES	EC	ESC

E-Employee Only ES-Employee/Spouse EC-Employee/Child(ren) ESC-Family