

**Nelson Insurance & Financial Services**  
**Group Census Form - Page 1**  
**Fax: (508) 675-2834**

Date: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**Business Description:** \_\_\_\_\_ **SIC#** \_\_\_\_\_

Number of Full Time Employees: \_\_\_\_\_ Number of Full Timers Enrolled: \_\_\_\_\_

Number of Waivers: \_\_\_\_\_ Cobra (if applicable): \_\_\_\_\_

Current Carrier: \_\_\_\_\_ Renewal Date \_\_\_\_\_ Rates \_\_\_\_\_

| Employee Name | Gender | DOB | Spouse Y / N | # of Dependent Children | Zip Code |
|---------------|--------|-----|--------------|-------------------------|----------|
| 1.            |        |     |              |                         |          |
| 2.            |        |     |              |                         |          |
| 3.            |        |     |              |                         |          |
| 4.            |        |     |              |                         |          |
| 5.            |        |     |              |                         |          |
| 6.            |        |     |              |                         |          |
| 7.            |        |     |              |                         |          |
| 8.            |        |     |              |                         |          |
| 9.            |        |     |              |                         |          |
| 10.           |        |     |              |                         |          |
| 11.           |        |     |              |                         |          |
| 12.           |        |     |              |                         |          |

| <b>Employee Name</b> | <b>Gender</b> | <b>DOB</b> | <b>Spouse<br/>Y / N</b> | <b># of<br/>Dependent<br/>Children</b> | <b>Zip Code</b> |
|----------------------|---------------|------------|-------------------------|--|-----------------|
| 13.                  |               |            |                         |  |                 |
| 14.                  |               |            |                         |  |                 |
| 15.                  |               |            |                         |  |                 |
| 16.                  |               |            |                         |  |                 |
| 17.                  |               |            |                         |  |                 |
| 18.                  |               |            |                         |  |                 |
| 19.                  |               |            |                         |  |                 |
| 20.                  |               |            |                         |  |                 |
| 21.                  |               |            |                         |  |                 |
| 22.                  |               |            |                         |  |                 |
| 23.                  |               |            |                         |  |                 |
| 24.                  |               |            |                         |  |                 |
| 25.                  |               |            |                         |  |                 |

**Nelson Insurance & Financial Services**  
 Group Census Form - Page 2  
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