greaterinsurance SERVICE

Group/Organization Name:_____
Address:_____

Employee Census

Total taxable income:_____

Employee Name	Gender	Date of Birth	Tobacco Use?	Occupation	W-2 Income

Looking for a small group plan with options for the following…

	Short Term	Long Term
Beginning Date	7th/14th day	60 - 90 days
Benefit Period	60 - 90 days	2yrs or more
Employer Paid	Yes-100%	Yes -100%
Employee Paid	No	No