Frye Brokerage Employee Census Sheet

Group Name:		
Effective Date:		Coverage Type:
Zip Code:		EO=Employee Only
Current Carrier:	5	ES=Employee Spouse
Broker:		EC=Employee Child
Total # of EE's:		FF=Full Family
		LO=Life Only

^{*}List all family members separately on a numbered line in order.

	M/F	Employee DOB	Spouse DOB	Dep Child DOB	Coverage	COBRA	Tobacco Use Y/N	Zip Code (home)
1							***************************************	
2								
3								
4			***************************************					
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24				-				
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26								
27								
28								
29								
30								

^{*}All fields are required for quoting, elimination of any information will delay the processing of quotes.