

## 2 - 50 REQUEST FOR QUOTE PROPOSAL/CENSUS

Company Name:	Requested Effective Date:	
	SIC code:	
County/Zip Code(s):	Nature of Business:	

CENSUS									
LAST NAME (All CAPS)	FIRST NAME (All CAPS)	RELATIONSHIP (Employee, Spouse, Dependent)	Gender (M or F)	DOB (mm-dd-yyyy)	Coverage Type (EO = Emp, ES = Emp+SP, EC = Emp+CH, EF = Emp+FAM)	STATE (2-letter CODE)	Employment Status (FT, PT, Seasonal, Temp COBRA)		
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