

5. Census Information – Please List All Employees (Indicate employees to be provided death benefits with an *)

Employee Name (First, Last) Job Description	Male/Female	Married (Y/N)	Birth Date			Hire Date			Smoker (Y/N)	Annual Income (Year _____)	% Owner	Part-time ✓ / 1000 Hrs
			M	D	Y	M	D	Y				
1. Name												
Job Description												
2. Name												
Job Description												
3. Name												
Job Description												
4. Name												
Job Description												
5. Name												
Job Description												
6. Name												
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8. Name												
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9. Name												
Job Description												
10. Name												
Job Description												
11. Name												
Job Description												
12. Name												
Job Description												

Fax completed proposal request to 949-655-1422

A completed proposal will be returned within 3 business days upon receipt of fully completed request form.