



# Cornerstone Benefit & Retirement Group, Inc.

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## Census Form

Contact Name

Company Name

Company Address

Total Benefit Eligible

City

State

ZIP Code

Anniversary Date

Phone

Current Carrier

Fax

Current Plan

Tax ID#

SIC Code/Industry

	Employee	Gender	D.O.B.	Coverage Type*
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				

### Coverage Type

- \*E = Employee only
- \*F = Employee and Family
- \*ES = Employee and Spouse
- \*O = Waiving – Covered Elsewhere
- \*EC = Employee and Child(ren)
- \*W = Waiving – No Other Coverage