

Group Information

Group Name	Telephone	Contact Name
Address		Effective Date
Current Carrier	Plan Name	

Employee Information

	Name of Employee (Last, First)	Date of Birth	Home Zip Code	Spouse (Y/N)	No. of Children
1					
2					
3					
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Please send the completed census *via* fax to (408) 249-2295 or e-mail to steven@epdmins.com.