

For Your Peace Of Mind
Call (844) 4-YOUR P.O.M. (496-8776)
 Jay B. Cohen CA Lic#0C83812
www.EveryonesCovered.com

Group Census Form

Business Name _____
 Decision Maker _____
 Contact Name _____
 Company Address _____
 Company Phone _____
 Company Fax _____
 Company Email _____

Employee Name	Gender M/F	Date of Birth	Dependent Status	Health	Dental	Vision	Life

Jay Cohen Insurance Services
 CA Life & Health Lic# 0C83812
(831) 521-1089 Fax (831) 855-1515
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Dependent Status Codes:
 EE – Employee Only
 ES – Employee and Spouse/Partner
 EC – Employee and Children (# of children please)
 FAM – Whole Family