HUCKLEBERRY, SIBLEY AND HARVEY INSURANCE AND BONDS, INC.

407-647-1616

EMPLOYEE BENEFITS CENSUS

COMPANY NAME:

OFFICE ADDRESS:

CONTACT NAME:

PHONE #: FAX #: E-MAIL:

EMPLOYEE NAME	DATE OF BIRTH	SEX	TYPE OF COVERAGE	ZIP CODE	LIFE	DENTAL	DISABILITY	*ANNUAL INCOME	*OCCUPATION/ JOB TITLE
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***Income and Occupation Required for Life and Disability Quotes**

MEDICAL COVERAGE CODES:

EE = EMPLOYEE ONLY

ES = EMPLOYEE/SPOUSE

EC = EMPLOYEE/CHILD(REN) - INDICATE # OF CHILDREN

FAM = FULL FAMILY - INDICATE # OF CHILDREN

W = WAIVING, OTHER QUALIFIED COVERAGE

NI = NOT INTERESTED, NO COVERAGE

PLEASE RETURN COMPLETED CENSUS FORM TO HUCKLEBERRY, SIBLEY AND HARVEY