INTEGRITY
INSURANCE & FINANCIAL SERVICES, INC

Group Census Form

Please fill out the information below for each employee, indicate the coverage desired and any medica conditions that exist. List the type of business you are in as well as your company's information
Fill out the gray columns only if you are also applying for life and/or disability coverage.
If you have any questions please call Brian Evans at 770-475-4000 (Fax 770-442-3118) or email brian@integrityinsurance.net.

Company Information:

Name _____
Business Type _____
Address _____
City/State/Zip _____
Phone _____

Marital Status
S=Single
M=Married
D=Divorced
W=Widowed

Coverage Election
S=Employee Only
D=Employee+ Spouse
O=Employee+Children
F=Family

Name or ID Number	Gender M or F	MM/DD/YY	Marital Status	Job Title	Monthly Salary (Life/LTD/STD)	Smoke Y/N	Cov Elec	Medical Condition(s)