

Group Census Form



Company Name:

	Employee Name	Sex M/F	Age or Birthdate	Enroll Spouse? Yes or No	Enroll Children Yes or No	Number of Children?
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
32						
33						
34						
35						

Mail or Fax Quote Request to: Orca Bay Benefits; 6150 West Mercer Way; Mercer Island, WA 98040. FAX Number is 206-275-3258. Questions? Call 206-275-3260