BALANCE
BENEFITS CONSULTING

Group Name _____
Street/City/Zip Code _____
Nature of Business _____
Current Group Carrier _____
Requested Eff Date _____
Class Carveout Y or N _____
Years in Business _____
Deductibles Wanted _____

Full-time is defined as 30 hours/week.
All information is required.

Please return census by email or fax:
To: Victoria Martinez
Email: Victoria@balancebenefitsconsulting.com
Fax: (602) 391-2235
Quesations? Call (602) 903-2319

*Coverage Type Key	
EE	Employee
SP	Employee + Spouse
CH	Employee + Child
FM	Family
WV	Waiver
NC	No Coverage
NE	Not Eligible
PT	Part Time

Label W2 Employees & List Full Time Waivers			Who's Needs Coverage?									Only need for disability proposals	
	Employee Name	Employee Gender	Employee DOB	Spouse DOB	DOB Dep 1	DOB Dep 2	DOB Dep 3	DOB Dep 4	*Coverage Type	Home Zip Code	COBRA?	Occupation	Annual Income
1													
2													
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30													
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