CENSUS FOR QUOTING

Company Name:		Contact Name:	
Address:		Phone:	
City, ST Zip		Email:	

Please include all participating employees and dependants

FOR LIFE AND DISABILITY QUOTES

Last Name	First Initial	Gender	Date of Birth	Date of Hire	Address	State	Zip	Relationship	Dental Plan	Employee Job Title	Employee Hourly Rate or Salary
			xx/xx/xxxx	xx/xx/xxxx				Employee, Spouse, Child	Y / N		

Fax to 503-968-2817 or mail to Western Grocers Trust - PO Box 22166, Portland, OR 97269