Western Grocers Benefits Services
CENSUS FOR QUOTING GROUP LIFE & DISABILITY

Company Name _____ Contact Name _____

Address _____ Phone _____

City, State, Zip _____ Email _____

List all participating employees

First Name	Last Name	Gender	Date of Birth xx/xx/xxxx	Date of Hire xx/xx/xxxx	Home Address	ST	Zip	Job Title	Hourly Rate or Monthly Salary

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