

Insurance Census Form

Company Name		Contact Person		
Phone	Fax	E-mail Address		
Street Address		City	State	Zip
Current Insurance Carrier				

Employee Name	Date of Birth (MM/DD/YYYY)	Tobacco Use?	Gender	Enrollment
		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Male <input type="radio"/> Female	<input type="radio"/> EE <input type="radio"/> EE + Spouse <input type="radio"/> EE + Family <input type="radio"/> EE + Child(ren)
		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Male <input type="radio"/> Female	<input type="radio"/> EE <input type="radio"/> EE + Spouse <input type="radio"/> EE + Family <input type="radio"/> EE + Child(ren)
		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Male <input type="radio"/> Female	<input type="radio"/> EE <input type="radio"/> EE + Spouse <input type="radio"/> EE + Family <input type="radio"/> EE + Child(ren)
		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Male <input type="radio"/> Female	<input type="radio"/> EE <input type="radio"/> EE + Spouse <input type="radio"/> EE + Family <input type="radio"/> EE + Child(ren)
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Use the green submit button to send this completed PDF to ORA@profben.com, or fax (503) 364-6901, or print and mail completed form to: 1193 Royvonne Avenue #22, Salem, OR 97302.

