

CENSUS FOR GROUPS 1-30 LIVES

12/14/2004

Your Agent's Name _____ Your Address: _____
Include City, State and Zip Code

Your Agent's Phone: _____ Your Fax _____ Your E-Mail _____

Client's Name or Firm Name _____ Phone: _____

Address _____ Zip: _____ County & City _____

Taxpayer ID # (EIN) _____ Effective Date: _____ Type of Bus. _____

***Specify Type of Coverage: (Group or Individual) ex. Emp., Emp./spouse, Emp./child, or Emp./family,**

	Last Name	Sex	DOB	Age	*Type of Coverage		Last Name	Sex	DOB	Age	*Type of Coverage
1.						16.					
2.						17.					
3.						18.					
4.						19.					
5.						20.					
6.						21.					
7.						22.					
8.						23.					
9.						24.					
10.						25.					
11.						26.					
12.						27.					
13.						28.					
14.						29.					
15.						30.					

Groups of 25 or more, can receive final rates if you supply the following: census carrier billing, renewal letter and completed risk appraisal form

THE FOSTER GROUP
PO BOX 2569, MATTHEWS, NC 28106 (mailing)
(2548-A Plantation Center Dr., Matthews, NC 28105-5298)
PHONE: 704/841-7901 or 800/284-2845
FAX: 704/841-7903 or E-Mail: morgan@fosterinsurance.biz

Dental: Yes _____ No _____
Ortho: Yes _____ No _____
Vision: Yes _____ No _____
Life Ins: Yes _____ No _____
(Amount) _____