B D G

***the* Benefits Design Group, LLC**

Group Census Data

Complete and return to BDG by fax or mail.
Your information will be kept confidential.

Company Name: _____ Phone: _____ Fax: _____

Nature of Business: _____

Address: _____ City: _____ State: _____ Zip: _____ County: _____

Name	DOB	Sex	Zip Code*	Coverage**	Spouse DOB	# of Children	Salary	Occupation

*Residential Zip Code if employee lives outside of Ohio and/or Worksite Zip Code if employer has multiple locations

**E = Employee only; E/S = Employee and Spouse; E/C = Employee and Child(ren); FAM = Employee, Spouse and child(ren);
W-S = Not Enrolling, Spouse coverage elsewhere; W-NI = Not Enrolling, No insurance elsewhere.

Known Health Conditions or Pregnancies: _____

_____

_____

c/o COLUMBUS FINANCIAL PARTNERS
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