Farrell S. Smith & Associates, Inc. - www.quote4u.com
Benefits Census

Current Carrier:_____
Current Type of Coverage:_____ **Rx**_____

Company Name:_____ **Contact:**_____ **Phone:**_____

Employee	Sex	Marital Status	Dependants	D.O.B.	Coverage Type Single, Family, H/W, P/Ch	Age	Base Salary Disability Only	Date Of Hire	Occupation	Home Zip

Fax completed Census to 215 893-3937 - If you have any questions, please call 215 768-3909.
If more space is needed, this form may be copied. **Thank You!!**