

# GROUP Employer-Employee Census Form

COMPANY NAME: _____	BROKER: _____	Paul M. League, QFP (CA Insurance Lic. #0610019)
Address: _____		LEAGUE FINANCIAL & INSURANCE SERVICES
City/State/Zip: _____	Address: _____	<a href="http://www.LeagueFinancial.com">www.LeagueFinancial.com</a>
Type of Business: _____	Mailing Address: _____	P.O. Box 11800, Palm Desert, CA 92260-1921
Phone #: _____ Fax #: _____	Phone Numbers: _____	T: 310-867-3141 · F: 310-861-8466
		E-Mail: <a href="mailto:Paul@LeagueFinancial.com">Paul@LeagueFinancial.com</a>

#1	#2	#3	#4	#5	#6	#7	#8	#8a	#9	#10	#11
EMPLOYEE'S NAME (Last name first)	S E X	DATE OF BIRTH	* SOCIAL SECURITY NUMBER	* MONTHLY SALARY	* HRS. PER WK.	* DATE OF HIRE	* OCCUPATION (Job Title)	% of Owner- ship (if any)	DEPENDENT STATUS # of Kids Spouse kids	COBRA EMPLOYEE (If YES, Give Start Date)	HOME ZIP CODE
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30.											

\* Only Columns 1 through 8a required for LTD, Section 125 Cafeteria Plans, 419, 412(i) & Pension Plans.

\* Please indicate "w/ or w/o bonus" at top of #5 under Monthly Salary. Salary should include all bonus compensation to obtain maximum LTD and Pension benefits.

> Home Zip Code, Column 11, required for HMO plans and individual/family non-group plans.

**NOTE:** Enclose copy of most recent billing from your current plan(s), and send

copy of benefits booklets for proper comparison to existing benefits & rates.

**X**

\_\_\_\_\_  
Signature & Title of Preparer

\_\_\_\_\_  
Date

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**For Groups With 31 + Employees - Copy As Needed**