

## MOYLAN'S INSURANCE UND., INC.

NETCARE LIFE & HEALTH INSURANCE COMPANY

## **GROUP CENSUS DATA FORM**

Company Name:							
Telephone:	Fax :	Marketing Rep:					
Number of Eligible Employees:							
Completed by:		Date:					

## **EMPLOYEE CENSUS DATA**

Instructions: Please complete the following information ONLY for employees that will be enrolled:

Gender: Male (M) or Female (F) Employee Name (Optional) Employee Age or Date of Birth

Spouse Age (if being covered) Number of Dependents (being covered)

	Gender <u>Required</u>	Employee Name Optional	Age /DOB <u>Required</u>	Spouse's Age Optional	No. of Dependents <u>Required</u>
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					

If necessary, please use another sheet.

MGCD02012009

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