

## GROUP CENSUS INFORMATION

Group Name: \_\_\_\_\_

Broker: \_\_\_\_\_

Address: \_\_\_\_\_

Agency: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Fax: \_\_\_\_\_

Employee Name	Sex	Date of Birth	Status (S, H/W, P/C, or F) or W (waives medical)	Salary	Job Title	Home Zip Code
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

Please note: Not all carriers offer all of the above options. Completed forms can be emailed to [insurance@barrood.com](mailto:insurance@barrood.com). Questions regarding your quotes should be directed to 800-275-6727.