Group Census Information

Company Name: Type of Business:

Street: City, State, Zip:
Company Phone No: Company Fax No:
Current Health Insurance Carrier: Current Health Insurance Plan:
Current Workers Comp Carrier: SIC Code:

Employee Name	Birthdate	Male/ Female	Single/ Married	# of Children	Home Zip Code	Salary or Hourly Rate*	Job Description*	Waiving Coverage

*Please complete if interested in group life or disability quotes.

I am interested in the following coverages (*please check all that apply*):

_____ Health Insurance _____Dental Insurance _____ Vision Insurance _____ Group Life Insurance _____ Group Disability Insurance
_____ Workers Comp _____ Business Liability Insurance _____Homeowners Insurance _____Auto Insurance

Return information to: Triangle Benefit Services, Inc. Phn: (412) 650-6500 Fax: (412) 650-6505 or Email: connie@trianglebenefitservices.com

All information is kept strictly confidential by Triangle Benefit Services and shared only with insurance carriers for quoting purposes.