Census Form

Please mail or fax this form to:
Attn: Bill Garling
KIAWA
PO Box 68, Dublin, OH 43017-0068
Phone: 800-606-6332
Fax No. – 614-889-0463

Company Name: _____ Nature of Business: _____

Contact Person: _____

E-mail address: _____ Phone Number: _____

City: _____ State: _____ Zip Code: _____ SIC Code: _____

Total No. Employees Eligible: _____ Total No. Employees Applying: _____

Current Carrier: _____ Agent: _____

Effective Date: _____ Renewal Date: _____

Name	Sex	Employee DOB	Spouse DOB	Coverage for Spouse?	# of Children	Coverage for children?	Monthly Salary*	Life Only
				Yes No		Yes No		
				Yes No		Yes No		
				Yes No		Yes No		
				Yes No		Yes No		
				Yes No		Yes No		
				Yes No		Yes No		
				Yes No		Yes No		
				Yes No		Yes No		
				Yes No		Yes No		
				Yes No		Yes No		
				Yes No		Yes No		
				Yes No		Yes No		
				Yes No		Yes No		
				Yes No		Yes No		
				Yes No		Yes No		
				Yes No		Yes No		
				Yes No		Yes No		
				Yes No		Yes No		
				Yes No		Yes No		

*Monthly Salary only needed to quote benefits based on salary such as disability or life insurance.