

# Sam Bond Benefit Group

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## Company Name & Address:

## Universal Underwriting Census

Employee Name	Gender M or F	Date of Birth	Date of Hire	Full Time=FT		State	Zip	Current Coverage*	Tobacco Y/N	Spouse DOB	Child(ren) DOB
				Part Time=PT							
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16											
17											
18											
19											
20											
21											
22											
23											

Current Coverage\*  
EE employee only  
EC ee + child  
ES ee + spouse  
FAM family  
WAIVE