Sam Bond Benefit Group

200 Beach Drive, Suite 9
St. Petersburg, FL 33701
Phone: 727.823.2663 Fax: 813.283.0672
samantha@sbrecommend.com

Company Name:

Address:

City/State/Zip:

Requested Effective Date:

Current Coverage Abbreviations*

EE = employee
EC = ee+child(ren)
ES = ee+spouse
FAM = family
WAIVE

Average Total Number of Employees last 12 months: _____

Universal Underwriting Census

	Employee Name	Gender M or F	Date of Birth	Date of Hire	FT/PT	Zip	Current Coverage	Spouse DOB	Children DOB	Tobacco? Y or N
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2										
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