Christian Brothers Employee Benefit Services

Census Information - Quote Request

Date: _____

Contact Name: _____

Contact Phone or Email: _____

Group Name: _____

Census must include date of birth (or age), gender, salary/wage. Occupation is optional, but preferred. For health coverages include type of current coverage (single, spouse, child(ren), family, or waived) and employee zip code. **Census must include all eligible employees regardless of participation** status. If part-time or non-eligible employees are included, please indicate them as such. Individual identifiable information is not necessary. Use the notes field to designate things like religious, retiree, or cobra/extension status.

DATE OF BIRTH OR AGE	GENDER	ANNUAL SALARY	OCCUPATION	COVERAGE TYPE	DEPENDENT AGES	EE ZIP	NOTES