

Associate with Confidence and Trust



Insurance Services

GROUP NAME: _____

ADDRESS: _____

PHONE NO: _____ FAX NO: _____

NATURE OF BUSINESS: _____

CENSUS FOR MEDICAL, DENTAL, VISION & LIFE INSURANCE.

	NAME OF EMPLOYEE	DATE OF BIRTH / AGE	ZIP CODE	SPOUSE YES / NO	SEX: M/F	# OF CHILDREN
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						

Notes: _____

ACT Insurance Services Inc.
1322 Potrero Grande Dr., Rosemead, CA 91770
Tel: (626) 307-0628 | Fax: (626) 307-8692
License #0H52436 | Website: ACTinsurance.net

