

This fax number will be removed off Health Choice's broadcast list following this fax.

CENSUS INFORMATION

COMPANY: _____ ZIP: _____

COMPANY PHONE #: _____ EFF. DATE: _____

AGENT: _____ SIC: _____

	GENDER	DOB / AGE	FAMILY STATUS *
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	GENDER	DOB / AGE	FAMILY STATUS *
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* Family Status Codes:

E = Employee Only

ES = Employee + Spouse

EC = Employee + Child(ren)

EF = Employee + Family