



<b>Company Name:</b>		<b>Phone:</b>	
<b>Company Contact:</b>		<b>Fax:</b>	

**Address:**

<b>Industry:</b>		<b>Effective Date:</b>	
<b>Business Structure:</b>		<b>State of Incorporation:</b>	
<b>Inception Date:</b>		<b>Financial Year End:</b>	<b>D.E.6 Available:</b>

<b>Owners:</b>	<b>% Owned</b>	<b>Titles</b>
1		
2		
3		
4		
5		

**Plan Selection:**

In force	Interest		In Force	Interest	
		Life Insurance			Group Medical
		Sponsored Group LTC.			Long Term Disability
		Key Person Coverage			Group Life
		Salary Continuation			Section 125 (Flex/POP)
		Buy/Sell/Stock Redemption			Money Purchase Plan *
		E S O P			Profit Sharing Plan *
		Retirement Plans (401k, IRA.) *			Defined Benefit Plan *
		Deferred Compensation			Individual Disability Ins.

**Group Plan Features:**

<b>Medical:</b> (PPO etc)	<b>Ded. Range:</b>	<b>Co-Ins. %:</b>
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**Required Features:** (Rx etc specify) \_\_\_\_\_

<b>Group Life:</b>	Min:	Max:	Multiple Salary:	Other:
Group LTD:	<b>Max Ben.\$:</b>	% of Salary:	Features:	

**Other Plan Features:** \_\_\_\_\_

**Medical Conditions:** (For Rating Purposes). \_\_\_\_\_

Signature Insurance Services Inc.  
 2 Park Plaza, Suite 400, Irvine, CA 92614  
 www.signatureis.com  
 California License #0D78390

Before completing the Census Form please read our Privacy Policy for information protecting your rights under state and federal law.

\* Investments offered through registered representatives of Jefferson Pilot Securities Corporation, member SIPC, Branch Office: 2 Park Plaza, Suite 400, Irvine CA 92614. □ (949)223-8900. Signature Insurance Services and Jefferson Pilot Financial Services are not affiliated.

- 1) For Coverage Quotes for all *Full Time* employees please complete the columns below.
- 2) For Medical Coverage complete the columns with an X only.
- 3) For Life, Disability or Retirement Plans complete all columns except Coverage Type, Spouse Age and # of Minors

<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>				
<b>Employee last name &amp; initial</b>	<b>Sex</b>	<b>DOB/ Age</b>	<b>Coverage Type (1)</b>	<b>Spouse Age</b>	<b>Cobra</b>	<b>Zip Code</b>	<b>Salary (000)</b>	<b>Date Hired</b>	<b>Job Title</b>	<b>Key Emp</b>

Coverage Type (1) EE: Emp. Only ES: Emp & Spouse EC: Emp & Child(ren) FA: Family