

## Group Disability Census

**Business Name** \_\_\_\_\_

**Contact Name** \_\_\_\_\_

**Business Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_ **County** \_\_\_\_\_

**Business Phone** \_\_\_\_\_ **Fax Number** \_\_\_\_\_

**E-Mail Address** \_\_\_\_\_

**Nature of Business** \_\_\_\_\_

**Current Carrier** \_\_\_\_\_

**Current Monthly Premium** \_\_\_\_\_