

# EMPLOYEE CENSUS



**Assurance Risk Managers, Inc.**  
**2851 S. Parker Road, Suite 760**  
**Aurora, CO 80014**  
**888-454-9562**  
**Email: lisom@arm-i.com**

Company Name:	
Contact:	
Phone:	Fax:
Address:	
City, State, Zip:	
Email:	
Type of Business:	

\*Coverages: EE=employee only, ES=employee+spouse, EC=employee+children, EF=employee+spouse+children,  
 W=waive coverage, C=COBRA or State Continuation coverage (please specify family members to be covered)

	Required Info			Optional Information				
	Age or Birthdate	Coverage Requested*	Zip Code (if out of area)	Employee Name	Sex	Age of Spouse	# of Children	Job & Salary (if applying for Disability Insurance)
1					M / F			
2					M / F			
3					M / F			
4					M / F			
5					M / F			
6					M / F			
7					M / F			
8					M / F			
9					M / F			
10					M / F			
11					M / F			
12					M / F			
13					M / F			
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25					M / F			
26					M / F			
27					M / F			
28					M / F			
29					M / F			
30					M / F			