HANSON BENEFITS, INC.

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CONFIDENTIAL MEDICAL INSURANCE EMPLOYEE CENSUS

Company Name:		**City:**	
Business Industry:		**State:**	
County:		**Zip:**	

Employee Name	Gender M (Male) or F (Female)	Age or Date of Birth	Coverage Type 1. Single 2. Ee/Spouse 3. Ee/Child(ren) 4. Full Family	Spouse's Age or Date of Birth	# of Children