

Census For:  
Address:

Contact #:

	Employee Name	Date of Birth	Zip Code	Gender	Coverage Status for Health Insurance *	Coverage Status for Dental Insurance *	Salary	Job Title	Date of Hire
1									
2									
3									
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21									

Census has been reviewed and approved by: \_\_\_\_\_

Date Completed: \_\_\_\_\_

When complete fax to:

Fort Washington Financial Group, LLC  
215-643-3228

Phone: 215.643.2009

Or mail to:

Fort Washington Financial Group, LLC  
465 Commerce Road  
Fort Washington, PA 19034

\* Symbols for Coverage

S = Single

EC = Employee/Child

EN = Employee/Children

ES = Employee/Spouse

F = Family

W = Waive Coverage