

Census For:
Address:

Contact #:

	Employee Name	Date of Birth	Zip Code	Gender	Coverage Status For Health Insurance *
1					
2					
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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 Drive
Fort Washington, PA 19034

* Symbols for Coverage

S = Single
P/C = Parent/Child(ren)
H/W = Husband/Wife
F = Family
W = Waive Coverage