Employee Census Form

Name of Business: _____
Address City, State & Zip Code: _____
Contact Person & Business Phone: _____
Federal I.D. Number & Industry Description: _____

Employee Name Last, First	**Sex**	**Date of Birth**	**Coverage** (See Coverage Key Below)	**No. of Children**	**Social Security Number** (Optional)	**Monthly Salary** (Optional)	**Job Title/ Occupation** (Optional)

Coverage Key: EE=Employee, ES=Employee & Spouse, EC=Employee & Child(ren), ESC=Employee Spouse & Children (family)

Please fax this form to:
Bryton Insurance Services, Inc.
ATTN: Group Department
FAX number: 515-223-9301
Phone: 515-223-1601