

SPAHR FINANCIAL GROUP, LLC

Date:
Client:

Group Census for Medical / Dental / Vision / Life Benefits / Qualified Retirement Plans

COMPANY:	_____	Business Type:	_____
HR Director:	_____	Employer Contribution: EE	% DEP %
Address:	_____	Current Carrier(s):	_____
City, St., Zip:	_____	Current Plan(s) / SPD:	_____
Phone:	_____	Monthly premium:	_____
		Requested lines: Medical / Dental / Vision / Life / Disability	_____

	Last Name	First Name	Sex	DOB	Date of Hire	Ann. Compensation	Dep. Status	Home Zip
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SPAHR FINANCIAL GROUP, LLC
 18682 Beach Blvd., Ste. 235
 Huntington Beach, CA 92648
 P: (714) 963-5000
 F: (714) 963-5079
 W: spahrfinancial.com

Dependent Status
 EE = Employee Only
 ES = Employee + Spouse
 EC = Employee + Child(ren)
 EF = Employee + Spouse + Child(ren)