

HEALTH FAX

**PLEASE COMPLETE THIS CENSUS AND FAX IT TO:
330-758-4101 or email to info@rkashmiry.com**

Company Name: _____ Contact Person: _____
 Company Address: _____ City: _____ State: _____ Zip: _____
 Phone: () _____ Fax: () _____
 Health Problems?: Yes No (If Yes: Please list _____)
 Type of Business: _____ Current Plan Carrier: _____

Census Data

#	Date of Birth or Age	Sex (M/F)	CONTRACT TYPE		Spouse's Age
			Employee Employee & Spouse Employee & Dependent(s)	Employee, Spouse & Dependent(s) Medicare Complementary	
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