

Employee Census



Company Name: _____
 Current Carriers: _____
 Renewal Date: _____
 Address: _____
 Nature of Business/SIC: _____
 Workers Comp Carrier: _____

Return completed form to: J. Freeman & Associates
 Post Office Box 3597
 Greenville, SC 29608

Or email to: Benefits@J-Freeman.com

Last Name	First Name	MI	Gender	DOB	Relationship	Title	# Hrs Week	Salary (Draw,K1)	Hire Date
Doe	John	J	Male	1/1/1954	Employee	Sales	<30	\$100,000	6/1/1990

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	Last Name	First Name	MI	Gender	DOB	Relationship	Title	# Hrs Week	Salary (Draw,K1)	Hire Date
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27										
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