

**CENSUS AND REQUEST FOR PROPOSAL**

**Benefits of interest:**

- Medical  
Desired deductible level: \$ \_\_\_\_\_
- Rx
- Dental
- Vision
- Group life insurance
- Short term disability (STD)
- Long term disability (LTD)
- Key man life insurance
- HSA
- Retirement
- Other: \_\_\_\_\_

**Start plan within:**

- 1 month    2 months    3 months
- Other: \_\_\_\_\_

Your name: \_\_\_\_\_

Business name: \_\_\_\_\_ Corp | S-Corp | LLC | Sole Prop. | Other

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Industry type (SIC and NAICS if known): \_\_\_\_\_

Number of years in business: \_\_\_\_\_

**INSTRUCTIONS**

- Include eligible employees only.
  - Exclude employees waiving to other group insurance (spouse's employer, VA, Medicare, etc).
  - Exclude employees in a class ineligible for coverage (part time, seasonal, 1099, etc).
- Note: Carriers have varying underwriting guidelines and participation/contribution requirements.

We can use an alternate census or employee roster as long as the same information below is captured.

Required for STD / LTD

Name (optional)	Sex	Zip	Employee DOB	Spouse DOB	Child DOB	Child DOB	Child DOB	Job Title	Employee Salary
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									

WHITE MOUNTAIN FINANCIAL

Email to [info@WhiteMountainFinancial.com](mailto:info@WhiteMountainFinancial.com) or Fax to 1-877-822-6280

								Required for STD / LTD	
Name (optional)	Sex	Zip	Employee DOB	Spouse DOB	Child DOB	Child DOB	Child DOB	Job Title	Employee Salary
21									
22									
23									
24									
25									
26									
27									
28									
29									
30									
31									
32									
33									
34									
35									
36									
37									
38									
39									
40									
41									
42									
43									
44									
45									
46									
47									
48									
49									
50									

Email to [info@WhiteMountainFinancial.com](mailto:info@WhiteMountainFinancial.com) or Fax to 1-877-822-6280