Peach State Planning

1027 Walnut Street-31210 • P. O. Box 7152 • Macon, GA 31209-7152
(478) 745-0025 FAX (478) 745-0717

Business and Personal Insurance

Stephan E. Cheek, CLU, ChFC
James P. Stuart

Name of Group: _____

Effective Date: _____

***PLEASE PLACE AN "X" FOR THE COVERAGES DESIRED* = Dental ð Life ð Health ð Disability ð**

EMPLOYEE CENSUS DATA

						MEDICAL INSURANCE				
No.	***Employee Name & Location (Last, First)*** ***(SAMPLE)***	**Birth Date** *(mo, day, yr)*	**Gender M or F**	**Life Insurance** *Employee Only*	**Dental Insurance (Indicate type of coverage desired)** ***E, E/S, E/C, Family***	**E**	**E/S** *Age of Spouse*	**E/C** *(Show # of children)*	**Family** *Age of Spouse (Show # of children)*	**Disability** *Job Title & Salary*
	Smith, Joe	***04-22-22***	***M***	***X***	***E***		***E/S 42***			***Carpenter - $24,000***

Life=Life Insurance Only • Medical = E=Employee Only, E/S=Employee & Spouse Only, E/C=Employee & Children Only, Family=Employee, Spouse & Children