Peach State Planning

**Business and Personal Insurance**

# DENTAL CENSUS

**Complete the roster for all employees enrolling for dental coverage. Place an X in the column to indicate the coverage desired.**

| EMPLOYEE NAME | BIRTH DATE | SEX | E | E/S | E/C | FAMILY | NO. OF CHILDREN |
|---|---|---|---|---|---|---|---|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

**E=Employee only**
**E/S = Employee and Spouse only**
**E/C = Employee and Child(ren) only**
**Family = Employee, Spouse and Children**

**Steve Cheek and James P. Stuart**
**1027 Walnut Street • P. O. Box 7152 • Macon, Georgia 31209-7152**
**Telephone (912) 745-0025 • FAX (912) 745-0717**