


## Small Group Insurance Employee Census Listing for Quote – Example

Employer Group Name: <span style="color: green; font-weight: bold;">Aardvark Pest Control</span>									 <small>LINDSTROM INSURANCE</small>	
Employer Location: <span style="color: green; font-weight: bold;">Santa Cruz, CA 95060</span>										
Information Needed for All Group Quotes (Medical, Dental, Vision, Flat amounts of Life Insurance)									Additional information for Disability Quotes	
#	Employee First Name	Employee Last Name	Dependent First Name	Dependent Last Name	Relationship	Gender	Date of Birth	Employee Home Zip	Occupation	Monthly Earnings
1	Sally	Sample			Self	F	1/1/1987	95060		
			Sam	Sample	Spouse	M	7/19/1987	95060		
			Samantha	Sample	Child	F	10/10/2012	95060		
2	Victor	Vector			Self	M	11/11/1969	95066		
			Hector	Vector	Child	M	12/12/1995	90210		
3	Waldo	Wolfinkel			Self	M	3/3/1960	93901		
4	Ruben	Garcia			Self	M	4/4/1980	94111		
			Bob	Smith	Dom Ptrn	M	5/5/1985	94111		

Completed information may be emailed to [betty@lindstrominsurance.com](mailto:betty@lindstrominsurance.com) or faxed to our office at 831-335-5883. If emailing confidential information, please contact us in advance so we can arrange a password or other document protection. Office telephone number is 831-335-8200 or 877-238-8974.