GROUP HEALTH CENSUS

Company Name:					Date:				
Address: City, State, Zip: Telephone Number:	Fax Number:								
Nature of Business: Prior Coverage:		SIC Code							
Employee Name	Date of Birth (Age)	Sex	Tobaco Or None		Spouse Age	Number Of Child	Zip Code	Pre-Existing Medical Condition (If any)	
NOTES.	<u>I</u>	<u>I</u>	*EO-Empl O	nly, ES-Emp	ol/Spouse, EC	:-Empl/Child, E	EF-Empl/Family	,	
NOTES: Investment Choice Financial Inc. Tel: (214) 856-8620									
		3030 LBJ Freeway, Ste. 700					Fax: (888) 958-1970		
Agent Information	Dallas, TX 75234						E-mail: inform@icf1.net		