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Census Data for Employee Benefits Proposal

Client Information:

Business Name: _____	DBA: _____
Address: _____	City, State, Zip: _____
Phone: _____	Fax: _____
Contact Name: _____	Email: _____
Nature of Business: _____	SIC Code: _____
Other locations: _____	Tax ID: _____

Business Structure:

Sole Proprietor C-Corporation Limited Liability Corporation
 S-Corporation Partnership Other:

Please provide the following information:

*Insurance summaries (medical, dental, vision, life, disability, etc) | *Recent billing statements | *Renewal letter w/rates

Current/Requested Benefit Plans:

Plan Type	Vendor	Effective Date	Employer Contribution for Employee	Employer Contribution for Dependents
Medical Insurance				
Dental Insurance				
Vision Insurance				
Life Insurance				
Disability Insurance				
Section 125 Plan				
HRA and/or HSA				
Retirement Plan				
Supplementary Plans				

