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Census Data for Employee Benefits Proposal

Curreng Requested Denem 1 lans.			Effective	Employer Contribution	Employer Contribution for				
Current/Requested Renefit Plans									
*Insurance summa	Phone: Contact Name: Nature of Business: Other locations: Sole Proprietor S								
Please provide the following inform	mation:								
	S-Corporation	Corporation Partnersh		Otner:					
	-	<u> </u>		•	, 1				
Business Structure:									
Other locations	:		Ta	x ID:					
Nature of Business	:		SIC	Code:					
Contact Name:			E	mail:					
Phone	:			Fax:					
Address	:		City, State	, Zip:					
Business Name	: <u></u>			DBA:					
Client Information:									

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

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List all employee	ist all employees, spouses and children					Enrollment Status (EO,ES,EC,EF)			For Disability Only		
Last	ame First	Status Employee Spouse / Child	Gender M/F	DOB	Home Zip Code	Full-Time Part-Time 1099	Medical Coverage	Dental Coverage	Vision Coverage	Comp. Last Year	Occupation or Duties

^{*}Use the following abbreviations to when entering your Medical, Dental or Vision coverage.

Employee Only = EO

Employee & Child(ren) = EC

Employee & Spouse = ES

Employee & Family = EF

Declining Coverage = DC

Waiting Period = WP

Covered Elsewhere = CE

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