**Davis Trachtenberg, Inc.**
**P.O. Box 3000**
**Phoenixville, PA 19460**

**(800) 983-3001 Fax: (610) 983-3762**

# Group Health/Dental Insurance Census

Group Name_____

Address_____ Phone # _____

City_____ State_____ Zip Code _____ Form Prepared By _____

| Social Security Number | Name ( Last, First, Middle) | Birthday M/D/Y | Gender F/M | Hire Date M/D/Y | Home Address/Zip Code | Coverage Tier* |
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* Single, Family, Parent & Child, Parent & Children. Two Adults or Family