

**Please fax completed census to Karen Kneller, New Agency Partners, at (973) 588-1801 or email to [KKneller@Newagencypartners.com](mailto:KKneller@Newagencypartners.com)  
Excel is a preferred format.**

**CURRENT CENSUS OF EMPLOYEES**

Prepared:

**Company:**

**Address:**

**City, State, Zip Code:**

**Nature of Business:**

EMPLOYEE	RESIDENTIAL STATE & ZIP	BIRTHDATE	GENDER	CONTRACT TYPE	LIFE INS. AMOUNT *	ANNUAL SALARY*	JOB TITLE*
1.							
2.							
3.							
4.							
5.							
6.							
7.							
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9.							
10.							
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12.							
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18.							
19.							
20.							
21.							
22.							
23.							
24.							
25.							
26.							

**CONTRACT TYPE: Single (EE), Husband/Wife (H/W), Parent/Child(ren) (P/C), Full Family (FF) or WAIVER (W)**

\* Complete if you would like to obtain a life insurance or long-term disability quote.