

ELEA MEMBERS EMPLOYEE CENSUS FORM FOR: _____

Address, street, city, state, zip: _____

Telephone: _____ Fax: _____ E-mail _____

Contact person: _____

Please fax back to ELEA Benefits Administrator, Nancy Bond 626/599-8579, call with questions 866/899-8559

Emp .	Name, last, first	M/F	Birthdate	Spouse Y/N	No. Of Children	Home Zip	Annual Salary	Job Title
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								
12.								

Notes: 1. Please include your "eligible" employees. **Eligible** means they do NOT have other Medical coverage on their Spouse or Parents GROUP medical policy. Include spouse or children only if coverage is requested. 2. Do you currently have any group employee benefits? _____
If so, please give the name of your carrier and the type of plans: _____

Nancy Bond Insurance Services
694 West Foothill Blvd., Monrovia, CA 91016

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