CENSUS SHEET

If you would like to receive a no obligation quote on a group insurance plan feel free to call us, email us, or fax your information to our office. All information submitted will be treated confidentially. The columns that are needed for a health or dental insurance quote are: sex, date of birth, spouse date of birth, # of children, and home zip code.

NAME (optional)	SEX	Date of Birth	SPOUSE Date Of Birth	# of Children	Home Zip Code	Hours Worked	Industry Company is in?	Occupation	Salary

Company Name: _____ Contact Person: _____
Address: _____ Phone Number: _____
Fax Number: _____

Return Form to: Diligent Financial Group, Inc. PH: (949) 468-0357 FAX: (866) 268-9874 EMAIL: ed@dfg-west.com