

EMPLOYEE CENSUS

Group Name _____ Date ____ / ____ / ____

Address _____ City _____ ZIP _____

Contact Person _____ Phone (____) _____

Business Type _____ Target Effective Date ____ / ____ / ____

Desired Company Contribution % **Employee** (min. 50%) _____ % **Dependents** (min. 0%) _____ %

Dominion Financial Group
 5520 Wellesley St. Suite 204
 La Mesa, CA 91942
 Phone: (619) 644-3545 Fax: (619) 644-3550

Employee Name	Sex	Date of Birth	Dependent Status ↓	# Children	Monthly Earnings*	Job Description*
1)						
2)						
3)						
4)						
5)						
6)						
7)						
8)						
9)						
10)						
11)						
12)						
13)						
14)						
15)						
16)						
17)						

Dependent Status Key - E = Employee only (no dependents), ES = Employee + spouse, EC = Employee + children, F = Family

**Monthly Earnings and Job Description only required for Disability Insurance*