



Please enter data requested.
Or submit a Census of your Employees containing the requested information and marked 'For CARE in America'.

Upload: CAREinAmerica.org/nationalgeneral
 Fax: 800-946-5670
 E-mail: Ed.CAREinAmerica@gmail.com

Data Request
*** required fields**

* Legal Name of Business: _____

* Address: _____

* City: _____

* State: _____

* Zip: _____ * Phone: _____

* Nature of Business or Work: _____

or NAIC Code: _____

* Census Totals: Total # of Employees: _____ Total Participating: _____

* Please complete the following schedule, or attach employee census:

	Name	Date of Birth	Gender	Zip Code	Current Carrier & Plan	Status*
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

*Status Codes
EE - Employee (Adult named)
ES - Spouse
EC - Child
FAM - Family

* Signature

* Census Submitted By: _____ * _____
 Name, Title Date

for: _____
 * Company / Group