The Nicholas Group

"One Solution for all your Insurance Needs"

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Agent Notes

Company Name ______________________ **SIC Code:** ________

Address ______________________

City/State/Zip ______________________ **EFF Date:** ________

EMPLOYEE CENSUS DATA

Record #	*Relationship ie: employee, spouse, child	Last Name	First Name	*DOB or Age	Gender	Home Zip	*Work Zip	Medicare Enrollee	Currently in Cobra	Smoker	Retired