



BROADBENT FINANCIAL SERVICES
 40 West Cache Valley Blvd. Bldg. 3A
 Logan, UT 84341 Phone: 1-800-393-5371
 www.broadbentfs.com Fax: (435) 752-7521

Employee Information Census

In order to help us serve you better, please fill in all fields that apply.

Employer Name:	Benefits Desired			
Address:	Deductibles: \$0	\$250	\$500	\$1000
City: State: Zip:	Office Co-pay: Y / N		RX Co-pay: Y / N	
Contact Person:	Maternity: Y / N		Dental: Y / N	
Phone:() Fax:	Life: Y / N		Disability: Y / N	
Industry:	Current Ins. Company:			
# of Full-Time Employees:	Renewal Date:			

Please indicate those to be insured below. For Disability

Employee Name	M	F	Age of Emp.	Age of Spse.	Coverage Desired <small>*See Key below</small>				# of Children	Salary Annually
<u>*Coverage Codes</u> - EE: Employee Only ES: Employee + Spouse EC: Employee + One Child FAM: Employee + Family										
1)					EE	ES	EC	FAM		
2)					EE	ES	EC	FAM		
3)					EE	ES	EC	FAM		
4)					EE	ES	EC	FAM		
5)					EE	ES	EC	FAM		
6)					EE	ES	EC	FAM		
7)					EE	ES	EC	FAM		
8)					EE	ES	EC	FAM		
9)					EE	ES	EC	FAM		
10)					EE	ES	EC	FAM		
11)					EE	ES	EC	FAM		
12)					EE	ES	EC	FAM		
13)					EE	ES	EC	FAM		
14)					EE	ES	EC	FAM		

SPECIALIZING IN EMPLOYEE BENEFITS
HEALTH - LIFE - DENTAL - DISABILITY - INVESTMENTS

BFS	Employee Name	M	F	Age of Emp.	Age of Spse.	Coverage Desired				# of Children	Salary Annually
						*See Key below					
15)						EE	ES	EC	FAM		
16)						EE	ES	EC	FAM		
17)						EE	ES	EC	FAM		
18)						EE	ES	EC	FAM		
19)						EE	ES	EC	FAM		
20)						EE	ES	EC	FAM		
21)						EE	ES	EC	FAM		
22)						EE	ES	EC	FAM		
23)						EE	ES	EC	FAM		
24)						EE	ES	EC	FAM		
25)						EE	ES	EC	FAM		
26)						EE	ES	EC	FAM		
27)						EE	ES	EC	FAM		
28)						EE	ES	EC	FAM		
29)						EE	ES	EC	FAM		
30)						EE	ES	EC	FAM		
31)						EE	ES	EC	FAM		
32)						EE	ES	EC	FAM		
33)						EE	ES	EC	FAM		
34)						EE	ES	EC	FAM		
35)						EE	ES	EC	FAM		
36)						EE	ES	EC	FAM		
37)						EE	ES	EC	FAM		
38)						EE	ES	EC	FAM		
39)						EE	ES	EC	FAM		
40)						EE	ES	EC	FAM		
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