Good Neighbor Insurance **Website: gninsurance.com** **Tel: 480/813-9100 / Fax 480/813-9930**
620 S. Winthrop St., Gilbert, AZ 85296 **Email: Jeff@gninsurnce.com**

EMPLOYEE CENSUS: List each eligible employee, spouse, and dependent child. Initial quote will be based on this census. Final rates will be determined based on actual enrollment. (Attach additional sheets if necessary.)

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Name of Employee	Sex	Status*	Date of Birth	Date of Hire	Country of Citizenship	Country of Residence

*** STATUS: E = Employee / S = Spouse / D = Dependent Child / C=COBRA**

No insurance is in effect unless the Insurance Company notifies you in writing. Final rates and coverage will be based on actual enrollment, including evidence of insurability, if applicable.

Applicant Signature: _____ Date: _____

Agent Signature: _____ Date: _____