Jeffrey W. Stoeber Financial Services P.A.

Please return by Fax or E-Mail

Fax: **904-221-3597**
E-Mail: **Jeff@JWSfin.com**
Phone: **904-962-0352**

Health Benefits Census Form

Company	
Address	
Contact Person	
Phone	

*****(Include All Employees even if they are waiving coverage)**

								Select only one			
	Employee Name	**Sex**	**DOB**	**Date of Hire**	**Emp Hm Zip**	**Annual Salary W/Bonus**	**Key Emp Y/N**	**Emp Only**	**Emp & Spo**	**Emp & Childrn**	**Emp & Fam**
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