GROUP INSURANCE CENSUS FORM

Employee Sex	Date of Birth	Type of Coverages*	Home Zip Code
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*Type of Coverage:
Employee Only
Employee & Spouse
Employee & Child
Employee & Family

Any existing medical conditions: _____

Please Mail or Fax to:

RISKPRO Insurance Agency, LLC
P.O. Box 515512
Dallas, Texas 75251
Phone: (866) 900-RISK
Fax: (972) 235-3556