

Goldwasser

Insurance Advisors, LLC

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Matthew L. Goldwasser, LUTCF, CLTC
 Managing Partner

Group Census Form - Name of Company: _____ **City, State & Zip Code:** _____

No.	Employee Name	Enrolling- Yes or No	Gender	Date of Birth	Health*	Dental*	Zip Code*
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25							

* For Health and Dental, indicate if coverage is for: Employee only=E, Employee & Spouse,=ES, Employee & child(ren) only=EC, Full Family=F