Business Name
Agent Name
City, State Zip (County)
Type of Business
SIC number
Effective Date
Current coverage with plan design info

Key:	EO	Employee only
	EC	Employee+child(ren)
	ES	Employee+spouse
	EF	Employee family
	LO	Life only

	Last name	First name	Relationship	Gender	Date of birth	Family status	Salary	Home zip code
1	Smith	John	Employee	M	1/1/1980	EO	$50,000	75067
2	Smith	Joe	Employee	F	3/1/1980	ES	$60,000	75057
2.1	Smith	Jane	Spouse	M	5/1/1999			
3	Smith	Richard	Employee	M	7/1/1980	EF	$50,000	75056
3.1	Smith	Mary	Spouse	F	9/1/1980			
3.2	Smith	Joseph	Dependent	M	11/1/1999			
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								