1st Premier Insurance Services	5	Em	ployee	Census Re	eport		Date:		
16407 64th St. East							Contact:		
Sumner, WA 98390	Name:						Phone		
253-826-4867 (office)	Address:						_		
253-826-4868 (fax)									
# of full time employees:		Current group insurance? If yes: current carrier							
# of part time employees:					current ded	uctible			
						current rate	es		
Contribution: Emp% Dep	endent%								
Type of Business:						SIC Code:	. <u> </u>	NAICS Co	ode:

	Employee Name	Sex M/F	Date of Birth	Married Yes/No	Spouse DOB	Children DOB	Dependent Coverage Yes/No	Date Employed	Employee Zip Code	Job Classification
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										

1st Premier Insurance Services 16407 64th St. East Sumner, WA 98390 253-826-4867 (office) 253-826-4868 (fax)	Name: Address:		ee Census R			Date: Contact: Phone					
# of full time employees:		Cui	rrent group insu	rance? If ye	s: current ca	rrier					
# of part time employees:		current deductible									
Contribution: Emp% Dependent	ent%				current rat	es					
Type of Business:					SIC Code:		NAICS Co	de:			
11											
12											
13											
14											
15											
16											
17											
18											
19											
20											