

# GROUP DISABILITY CENSUS FORM

**Colorado Insurance Counselors, Inc.**  
 5105 DTC Parkway, Suite 400 \* Greenwood Village CO 80111  
 Phone: 303.394.4000 \* Fax: 303.860.7855  
*Upon completion return to [tim@cocounselors.com](mailto:tim@cocounselors.com)*

<b>Requested Effective Date:</b>			<b>Nature of Business:</b>			<i>for office use:</i>
<b>COMPANY NAME:</b>			<b>Contact Name:</b>			
<b>Address:</b>			<b>Phone:</b>		<b>Fax:</b>	
<b>City &amp; State:</b>			<b>Email:</b>			
<b>Zip &amp; County:</b>			<b>Special Notes:</b>			
<b>Present Carrier:</b>						
	<b>EMPLOYEE NAME</b>	<b>DOB</b>	<b>SEX</b>	<b>ANNUAL SALARY</b>	<b>ANTICIPATED BONUS AMOUNT</b>	<b>OCCUPATION</b>
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						