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Employer Group Name:	
Renewal Effective Date:	

S=Single; P&C= Parent & Child; EE&SP= Employee & Spouse; F= Family

**Medical Census for New quote**

	Coverage Type S/ P&C/ EE&SP/ F	First Name	Last Name	Employee's Gender	employee date of birth	spouse date of birth	child #1 date of birth	child #2 date of birth	child #3 date of birth	Number of additional children under 21	Number of additional children over 21
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