



Please fill out the form below and email it to: info@infortegroup.com or fax to: (650) 571-8883

* required field

Medical Dental Vision Other

EMPLOYER INFORMATION

Employer Name*

Employer Address

City

State

Zip*

Phone #*

Fax #

e-mail Address*

Contact

Nature of Business



Please fill out the form below and email it to: info@infortegroup.com or fax to: (650) 571-8883

* required field

CENSUS INFORMATION

NAME (Optional)	AGE OR D.O.B.	Date of Hire	Sex M/F	Job Title *	Salary *	Spouse Covered Y/N	# of Children Covered	Home Zip
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CENSUS INFORMATION

NAME (Optional)	AGE OR D.O.B.	Date of Hire	Sex M/F	Job Title*	Salary*	Spouse Covered Y/N	# of Children Covered	Home Zip
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