

Employee Census
Needed for Benefit Communication and Implementation
By Colonial Supplemental Insurance

The following items are requested:

- Employee Name
- Social Security Number
- Date of Birth
- Gender
- Job Title
- Department
- Date of Hire
- Home Phone Number
- Address
- Gross Pay per pay period
- Federal W-4 Status
- Pay Periods per Year
- Deductions Periods per Year

I. Any and all deductions that are being withheld from the employee's paycheck; even deductions that are not pre-taxed need to be listed in order to show an accurate illustration. (Please designate either pre- or after tax.)

For Example: A list of benefits offered

Benefits Offered	Employer Cost	Employee Cost
Medical Insurance		
Dental Insurance		
Retirement Program		
Group Life		
LTD		
STD		
Other		

II. This information can normally be obtained on a payroll deduction report.

III. If possible, please e-mail on Excel or a windows spreadsheet.

This information may be faxed or E-mailed to me: **Fax # : 210-492-0317**

E-Mail: nsnyder@texbenefits.com

If you have any questions about the information requested, please call our office at **(210) 492-0836** and ask for **Nona Snyder**.



For Homeoffice Use Only:
BCN: _____ CAN: _____

Producer Contact: 1-800-43voice, ext. 2400
Fax Forms to 1-800-543-8573

Account Information

Account name: _____

Address: _____

City: _____ State: _____ Zip _____

Phone: (____) _____ Fax: (____) _____ County _____

If this account is associated with another Colonial or one of its affiliates' accounts, please provide the name and BCN of the account or master group number:

If located in Louisiana, is it within city limit boundaries? Yes No

Are there locations that will be written in NY? Yes No

Number of benefit-eligible employees: _____ Federal Tax ID: _____

Exact nature of business: _____

Contact person for billing and service: _____

First Name Middle Init Last Name Title

E-mail address: _____

Will a third party administer, reconcile and/or remit the premium deductions? Yes _____ No _____

If yes, is the third party a: Payroll Company Professional Employer Organization Other _____

Please indicate name, address, phone number and contact person _____

**A Premium Services and Administration Agreement may be needed.*

Will any deductions be made pretax? Yes _____ No _____ If yes, include Flex Plan Supplemental Form.

Will the employer be contributing any premium toward the Colonial benefits? Yes _____ No _____

IMPORTANT COMPENSATION DISCLOSURE INFORMATION

Colonial is committed to helping working Americans and their families minimize personal financial risk with a comprehensive offering of voluntary benefits through the workplace. Colonial compensates producers to facilitate the sale and delivery of these valuable benefits. This compensation might include commissions as well as various incentives and awards.

We support the full disclosure of compensation programs for our products, and your insurance advisor can provide you with complete information about these programs. You may also learn additional information about our compensation programs by contacting our Plan Administrator Service Center at 1-800-256-7004.

Is employer/account paying a fee to an insurance advisor for this placement of Colonial insurance? Yes No

If yes, list advisor(s) names _____

A completed Compensation Consent and Disclosure Form 62291 is required for each insurance advisor receiving a fee.

If fee is paid in the future, it is the employer's responsibility to notify Colonial of the change.

The employer account (and/or its assigns) agrees to forward promptly all insurance premiums payroll deducted from its employees to Colonial Life & Accident Insurance Company (hereafter Colonial) for payment of employee insurance coverage and to notify Colonial promptly of the names of any employees to cease deductions because of termination from employment or otherwise. If the employer fails to notify Colonial that an individual's employment has terminated, that an individual has otherwise ceased deductions or where there is some other misunderstanding between the employer and employee concerning the payroll deductions, Colonial agrees to reimburse the employer up to one (1) month's premium in the event of loss by the employer. Refund of premiums on flexible benefit plan accounts will be made payable to the employer. The issuance of any coverage paid for by payroll deduction pursuant to this agreement does not relieve the employer of the requirements of Workers' Compensation Laws of their state.

Signed at: _____ this _____ day of _____

City and State

Print Name and Title of Owner/Decision Maker

Signature of Owner/Decision Maker

Submitted by _____ Producer # _____ Producer Telephone Number _____