

**CHB GROUP**  
**1111 MARLKRESS ROAD, SUITE 201**  
**CHERRY HILL, NJ 08003**  
 TELEPHONE - 856-424-9744 / FAX - 856-424-9733  
 E-MAIL - [info@chb-group.com](mailto:info@chb-group.com)

Company Name
Address
Nature of Business

Census Data - Please make sure to include all eligible employees, not just the ones electing coverage

**Dependent Status - S-Single, E&S - Emp & Spouse, E&C - Emp & Child(ren), F - Family, W-Waiving Coverage**

	Gender	Date of Birth		Dependent Status	Zip Code	Salary (*)	Job Title(*)
		Month/Day	Year				
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(\*) Salary and Job Title are only required if you are requesting a Life Insurance or Disability Insurance Quote.