Cultural Group Benefits Insurance Programs

Cultural Group Benefits Insurance Programs Census Form

Group Name: _____ Date: _____

Primary Contact: _____ Phone: _____

Instructions: To receive a quote, at a minimum, fill out the first three categories (name, date of birth and gender) and submit by fax 651.739.3265 or mail to **Cultural Group Benefits Insurance Programs, 6701 Upper Afton Road, Woodbury, MN 55125**. When you enroll, we will need all information requested.

Name (Last, First, MI)	Date of Birth	Gender	State of Residence	Social Security #	Association Membership Enrollment Date	Applying for Coverage	Declining Coverage
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