



**ASSURANT**  
Employee  
Benefits

# Required Census Information for Completing an RFP

	True Group Life	Voluntary Life	True Group Dental	Voluntary Dental	True Group & Voluntary STD	True Group LTD	Voluntary LTD
<b>Census Required</b>	Yes	No* Just need total # EE's	Yes	Yes	Yes	Yes	No* Just need total # EE's
<b>Gender Required</b>	Yes	# of Males	Yes	Yes	Yes	Yes	No
<b>DOB Required</b>	Yes- DOB or Age	No*	Yes	Yes	Yes	Yes	No
<b>Zip</b>	Yes	No	Yes	Yes	Yes	Yes	No
<b>Salary Required</b>	Flat Amount- No** Times Earning- Yes	No	No	No	Yes	Yes	No
<b>Class</b>	Based on Plan Request	Do Not Class	Usually one class	Usually one class	Based on Plan Request	Based on Plan Request	Do Not Class
<b>Count COBRA EE's in Census</b>	No	No	Yes	Yes	No	No	No
<b>Count Waived EE's in Eligible Census</b>	Yes	N/A	Yes	Yes	Yes	Yes	N/A
<b>Notes</b>	Always add AD&D. Add DLI if requested		Always add a Dental Dependent Code	Always add a Dental Dependent Code			
<b>Job Titles</b>	Yes	Yes	No	No	Yes	Yes	Yes