



**WELLS FINANCIAL SERVICES**  
**EMPLOYEE CENSUS DATA** *(Must have at least 2 employees listed)*

Company: \_\_\_\_\_ Phone: \_\_\_\_\_ Contact: \_\_\_\_\_

Please complete form. Right click and save to your desktop. Attach to email and email to [info@wellsfs.com](mailto:info@wellsfs.com). Or print the form and return by fax: 314.785.7500

	Employee's Name (Optional)	Employee's Birth Date or Age	Sex	Spouse's Name (Optional)	Spouse Covered	Spouse's Birth Date or Age	# Dependant Children	Zip Code	On Cobra Yes/No
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2									
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	Employee's Name (Optional)	Employee's Birth Date or Age	Sex	Spouse's Name (Optional)	Spouse Covered	Spouse's Birth Date or Age	# Dependant Children	Zip Code	On Cobra Yes/No
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62									
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82									
83									
84									
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