

The Business Council Insurance Fund  
 12 Corporate Woods Blvd.  
 Albany, New York 12211

**GROUP CENSUS FORM UPDATE**

A= Addition (Original enrollment card is required)

T=Termination

R=Revision (Changes in Salary, Class, etc.)

A	T	R	NAME/OCCUPATION (ALPHABETICALLY)	Social Security #	Effective Date	Annual Earnings

Company Name: \_\_\_\_\_ Group: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_