EMPLOYEE CENSUS

Complete for Employee Benefit Plan Proposals

Name	Sex	Date of Birth	Employment Date	[F] Full time or [P] Part time	Annual Compensation

Form should be returned via facsimile to 412.371.4493 or by U. S. Mail to: P. O. Box 82617
Pittsburgh, PA 15218

Form Provided Courtesy of: *A. Neff Associates* 412.261.4509 800.542.5409 www.aneffassociates.com