

METLIFE SMALL BUSINESS CENTER

SOLD CASE CENSUS

DATE: \_\_\_\_\_

Customer Name: \_\_\_\_\_

Customer # \_\_\_\_\_

Coverages:

- Life/AD&D     STD     LTD  
 Opt. Life     Dep. Life     Dental

#	Name	DOB	Gender	Salary	Pay Mode*	Job Title	SS#	DOH	Dep Status**	Class #	Worksite Zip
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\*H- Hourly    B- Bi-Weekly    W- Weekly    M- Monthly    A- Annual

\*\*E - Employee Only    ES - Employee + Spouse    EC - Employee + Child    F - Full Family