

Unum Long Term Care Census Request Form

Name of PCA Church or Church related organization: _____

Type of organization:

PCA Church PCA School PCA Church and School PCA Church related organization (please describe ministry _____)

Address:

Census of all full time employees (DOB and Gender only):

#	Date of Birth	Gender
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		

Main business contact for follow up on Long-Term Care:

Name: _____

Phone Number: _____

E-mail: _____

Fax: _____