Firm Name _____
Address _____
City State Zip _____
Contact _____
Phone _____

Always submit census information via a secure source to protect confidential customer information.

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Please complete for each employee:

First Name	Last Name	Social Security Number	Occupational Title	Date of Birth	Date of Hire	Salary	Gender	Firm Name, City, State & Zip (if different from above)

Please return to Christa Lee, HBI, PO Box 1889, Sioux Falls, SD 57101
Email clee@haganbarron.com or fax to 605-444-1017
Any questions, please call 877-801-3727

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