



**GUARDIAN LIFE OF THE CARIBBEAN LIMITED
GROUP INSURANCE SALES
GROUP LIFE & HEALTH CENSUS DATA FORM**

Please ensure that the information below is submitted in excel format via email to: quotes.glocbb@myguardiangroup.com in order for a Proposal to be completed

	<i>Name</i>	<i>Date of Birth MM/DD/YY</i>	<i>Age</i>	<i>Sex</i>	<i># of Dependents</i>	<i>Occupation</i>	<i>Monthly Salary</i>
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Please insert additional Rows above as needed