



Company Name: _____ Nature of Business: _____
 Company Contact: _____ Phone Number: _____
 Address: _____ Fax: _____
 City: _____ State: _____ Zipcode: _____ Email: _____

Employee Census Data						
Medical Coverage Code			IND - Individual	P/C - Parent and Child(ren)	H/W - Husband and Wife	FAM - Family
Employee	DOB	Gender	Coverage Code	Annual Salary	Date of Hire	Job Description
1.						
2.						
3.						
4.						
5.						
6.						
7.						
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9.						
10.						
11.						
12.						
13.						
14.						
15.						

Employee Census Data

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Medical Coverage Code			IND - Individual	P/C – Parent and Child(ren)	H/W – Husband and Wife	FAM - Family
Employee	DOB	Gender	Coverage Code	Annual Salary	Date of Hire	Job Description
16.						
17.						
18.						
19.						
20.						
21.						
22.						
23.						
24.						
25.						
26.						
27.						
28.						
29.						
30.						