

CONFIDENTIAL EMPLOYEE CENSUS

RENEWAL (or Effective) DATE:

COMPANY NAME:

ADDRESS:

PHONE NUMBER: COUNTY:

AGENT: SIC CODE:

Coverage Type Key:

- E = Employee Only
- E/S = Employee and Spouse (no children)
- E/C = Employee and one child (no spouse)
- E/CC = Employee and more than one child (no spouse)
- F = Employee, Spouse, and Child(ren)
- LO = Waiving health coverage (Employee sex and date of birth is still needed)

| | <i>EMPLOYEE NAME</i> | <i>COVG TYPE</i> | <i>SEX</i> | <i>D.O.B.</i> | <i>SPOUSE D.O.B.</i> | <i># OF Children</i> |
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| | EMPLOYEE NAME | COVG TYPE | SEX | D.O.B. | SPOUSE D.O.B. | # OF Children |
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