



CLIENT CENSUS 1-25

EMPLOYER CONTRIBUTION 50%

Census Date _____

Client Name _____
 Contact Name _____
 Phone _____ Fax _____
 Email Address _____
 Client Address _____

FFEL# _____
 FEIN _____
 SIC _____
 County _____
 Current Carrier _____

PLEASE NOTE:
 All full time eligible employees must be included on the census.
 (Waiting period to be determined by the client.)

	NAME - (FIRST, MI)	GENDER	DOB	EE STATUS	ZIP CODE	COVERAGE CODE
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						

COVERAGE CODES	
E	EMPLOYEE ONLY
ES	EMPLOYEE, SPOUSE
EC	EMPLOYEE, CHILD
FAM	EMPLOYEE, SPOUSE & CHILDREN
WA	WAIVING/OTHER QUALIFYING COVERAGE
WP	WAITING PERIOD
WNC	WAIVING/NO COVERAGE

EMPLOYEE (EE) STATUS	
FT	FULL TIME
PT	PART TIME
TM	TEMPORARY EMPLOYEE
CO	EMPLOYEE ON COBRA

CONSULTANT: _____