



**CLIENT CENSUS1-50**

EMPLOYER CONTRIBUTION 50%

Census Date \_\_\_\_\_

Client Name \_\_\_\_\_

FFEL# \_\_\_\_\_

Contact Name \_\_\_\_\_

FEIN \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

SIC \_\_\_\_\_

E-mail \_\_\_\_\_

County \_\_\_\_\_

Client Address \_\_\_\_\_

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
WNC	WAIVING/NO COVERAGE

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

CONSULTANT: \_\_\_\_\_



## CLIENT CENSUS 1-50

Client Name \_\_\_\_\_ FFEL# \_\_\_\_\_

	NAME - (FIRST, MI)	GENDER	DOB	EE STATUS	ZIP CODE	COVERAGE CODE
26						
27						
28						
29						
30						
31						
32						
33						
34						
35						
36						
37						
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49						
50						