



CLIENT CENSUS 1-100
EMPLOYER CONTRIBUTION 75%

Census Date _____

Client Name _____
 Contact Name _____
 Phone _____ Fax _____
 Email _____
 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
WNC	WAIVING/NO COVERAGE

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

CONSULTANT: _____



CLIENT CENSUS 1-100

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						
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						



CLIENT CENSUS 1-100

Client Name _____ FFEL # _____

	NAME - (FIRST, MI)	GENDER	DOB	EE STATUS	ZIP CODE	COVERAGE CODE
51						
52						
53						
54						
55						
56						
57						
58						
59						
60						
61						
62						
63						
64						
65						
66						
67						
68						
69						
70						
71						
72						
73						
74						
75						



CLIENT CENSUS 1-100

Client Name _____ FFEL# _____

	NAME - (FIRST, MI)	GENDER	DOB	EE STATUS	ZIP CODE	COVERAGE CODE
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						