

Census Information for Corporate Insurance Solutions

Company Name: _____

Notes

- 1.. Include all full-time employees, whether or not enrolling for insurance.
- 2.. Dependent status should reflect only dependents to be covered by the plan.
- 3.. COBRA participants should be included and noted in comment section.
- 4.. For employees covered by Medicare or Medicare supplement, please indicate active or and spouse's Date of Birth.

Dependent Status

- SW = Waiving Coverage / Spouse Waiver
- EE = Employee Only
- E1C = Employee w/ 1 Child
- E2C+ = Employee w/ 2 + Children
- ES = Employee w/ Spouse
- EF = Employee w/ Family

	Name	Date of Birth	Occupation	Sex	Dependent Status		Zip Code	Life Amount	Annual Salary	Comments Retired COBRA
					Medical	Dental				
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										
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										
51										
52										