EMPLOYEE CENSUS

Employer Name: _____

Business Address: _____

Requested Effective Date of Coverage: _____

Nature of Business: _____

Fields in yellow are required

First Name	Last Name	Date of Birth (mm/dd/yyyy)	Gender	Relationship Employee/Spouse/Child	Home Zip Code	Full-Time (Y/N)	Annual Salary Required if disability is requested	Job Title Required if disability is requested