

Group Benefits Census

Company Name										
Address										
Phone:					Fax:					
Current Carrier (s)					Contact:					
Employer Contribution					Email:					
#	Name	Date of Birth	Date of Hire	Social #'s	Gender	Coverage Type	Currently enrolled	Home Address	Occupation	Compensation
0	<i>John Smith</i>	<i>02/05/65</i>	<i>01/01/96</i>	<i>123-45-6789</i>	<i>M</i>	<i>FAM</i>	<i>HMO</i>	<i>6160 Sunset Dr. Miami, FL 33143</i>	<i>Sales</i>	<i>\$60,000</i>
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										

Coverage Type

EE Employee Only EC Employee & Children
 ES Employee & Spouse FAM Family

**** Please include a copy of your current health bill and summary of benefits ****