CENSUS DATA FOR: Effective Date

Please read the following instructions before completing the census:

Complete all information requested on all employees listed.

Provide a complete list of all eligible employees, including those in their waiting period. (If in a waiting period, cite their proposed effective date.)

Note any employees that are on COBRA or State Continuance.

	Medical	Dental	Vision	Life	Voluntary Life	LTD	STD	Other - please specify
Please shop for the following coverages:								

***Dependent Status: Employee Only - EE; Employee + Spouse - ESP; Employee + Children - ECH; Employee + Family - ESC.**

Employee Name	Gender	Date of Birth	Date of Hire	Date Eligible (if EE is still in waiting period)	Medical Coverage		Dental Coverage	Job Title	Salary	Residence Zip Code	Office Location
					Plan Election (i.e. HMO, POS, PPO, etc)	*Dependent Status	*Dependent Status				