

ACCOUNT CENSUS FORM



Please fill this form in for all employees as well as their dependents.
 If you require additional space (up to 50 eligible employees), please copy this page.

Company Name		Location		ZIP Code		SIC Code	Effective Date
Employee Name	Date of Birth	Zip Code	Date of Hire	Status (Full/Part Time, in waiting period)	Plan Type*	COC/COBRA (indicate start date)	Waived Insurance
1.							
2.							
3.							
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17.							
18.							
19.							
20.							

*Individual, subscriber & spouse, subscriber & child, subscriber & children, or family.