

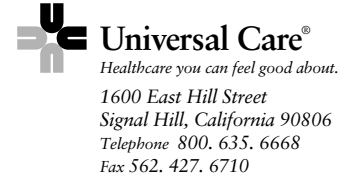
# EMPLOYEE CENSUS

From: \_\_\_\_\_

Company: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_



Please Provide	Age	Gender	EE ES EC EH FA	Zip Code of Residence		Please Provide	Age	Gender	EE ES EC EH FA	Zip Code of Residence
Employee Name	D.O.B.					Employee Name	D.O.B.			
1						26				
2						27				
3						28				
4						29				
5						30				
6						31				
7						32				
8						33				
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20						45				
21						46				
22						47				
23						48				
24						49				
25						50				

**KEY**  
 EE = Employee                      ES = Employee + Spouse                      EC = Employee + Child  
 EH = Employee + Children                      FA = Family  
 Total No. of Enrollees = Total number of Family Members enrolled including Employee