

Section II Instructions – Specify below the employees *who work less than the 20 or 30 hour work week limit* you selected in Section I. Include all employees working below your specified work week limit, **whether or not they are enrolling**. Indicate the number of dependents, or “0” if none.

Full Name of Employee	Gender (M/F)	Employee Date of Birth (mm/dd/yyyy)	Total Number of Dependents in Household	Date of Full-time Employment (mm/dd/yyyy)	Regular Number of Hours Worked Per Week	For employees with other coverage, list employer and carrier

Section III Instructions – List any former employees or dependents now enrolled or eligible to enroll on your current health care coverage program under provisions of COBRA.

Full Name of Qualified Beneficiary	Date of Termination (mm/dd/yyyy)	Date COBRA Became Effective (mm/dd/yyyy)

I hereby certify this is a complete listing of all employees. Exceptions, if any, are listed above.

Signature and Title

Company

Date