

Employee Census Data

Section I Instructions – Employees who work _____ hours or more per week will be eligible to enroll for coverage. (Specify your 20 or 30 work week limit.) List below *all* employees, not just those enrolling, who meet your selected 20 or 30 hour work week limit. If you employ public employees or public officials, they are eligible for coverage *regardless of the number of hours per week they work*. Indicate their status by checking the corresponding box in the “Public Employee” column.

Full Name of Employee	Gender (M/F)	Employee Date of Birth (mm/dd/yyyy)	Date of Full Time Employment (mm/dd/yyyy)	Type of Enrollment: Employee Employee & Spouse Employee & 1 Child Employee & 2+Children Family	Regular Number of Hours Worked	Check One			Public Empl. ✓	For employees with other coverage, list carrier
						Application Attached	Waiver Attached	Probationary Period		

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