

EMPLOYEE CENSUS FORM									
COMPANY NAME:		Today's Date:							

Please list ALL employees on your payroll, including those working part-time and those in their probationary period. Please indicate if employee is on COBRA or State Continuation or is an independent contractor.

EE= Employee SP= Spouse CH= Child(ren)

\*\*Eligible means that an employee is working the required hours, and is no longer in their probationary period.

						**Is employee		Tobacco	Will Employee, Spouse	Will Employee, Spouse
	EMPLOYEE NAME	GENDER M/F	BIRTHDATE OR AGE	Spouse DOB or No SP	Age & Gender of CHILDREN	eligible for benefits?	Hours FT/PT	User? Y/N	or Child(ren) Waive FOR Other Coverage?	or Child(ren) Waive W/O Other Coverage?
1										
2										
3										
4										
5										
6										
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10										
11										
12										
13										
14										
15										