

# Health Insurance Census

Name of Business: \_\_\_\_\_

Address: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

	Name	Sex	Employee	Spouse	EE	EC	ES	FF	# Children
1			/ /	/ /					
2			/ /	/ /					
3			/ /	/ /					
4			/ /	/ /					
5			/ /	/ /					
6			/ /	/ /					
7			/ /	/ /					
8			/ /	/ /					
9			/ /	/ /					
10			/ /	/ /					
11			/ /	/ /					
12			/ /	/ /					
13			/ /	/ /					
14			/ /	/ /					
15			/ /	/ /					
16			/ /	/ /					
17			/ /	/ /					
18			/ /	/ /					
19			/ /	/ /					
20			/ /	/ /					
21			/ /	/ /					
22			/ /	/ /					
23			/ /	/ /					
24			/ /	/ /					
25			/ /	/ /					
26			/ /	/ /					
27			/ /	/ /					
28			/ /	/ /					
29			/ /	/ /					
30			/ /	/ /					

Notes:

EE = Employee Only    ES = Employee Spouse    EC = Employee Children    FF = Full Family  
 Fax Back to 847-259-0400