

Small Group Census Form – Business Name: _____

| REQUIRED EMPLOYEE INFORMATION | | | | | DEPENDENT(S) INFORMATION – COMPLETE IF COVERAGE DESIRED | |
|---------------------------------|-------------------------|-----|------------------|-------------------|---|-----------------------|
| EMPLOYEE NAME | DATE OF BIRTH OR AGE | SEX | HOME ZIP CODE | COVERAGE TYPE* | SPOUSE'S DOB OR AGE | NUMBER OF CHILDREN |
| <i>(EXAMPLE)</i> JOHN D. DOE | 9/18/46 | M | 75752 | ES | 7/11/53 | 0 |
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* Coverage Type: EO = Employee Only
 EC = Employee & Child(ren)
 ES = Employee & Spouse
 EF = Employee & Family