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.

Type of Enrollment:

				Type of Enrollment: Employee Employee & Spouse	1		Check One		ī	
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 & Spouse Employee & T Child Employee & 2+Children Family	Regular Number of Hours Worked	Application Attached	Waiver Attached	Probationary Period	Public Empl.	For employees with other coverage, list carrier
										-
	-									
	-									
	1									

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
					1	
III Instructions – List any formerovisions of COBRA.	er employee	s or depender	nts now enrol	led or eligible to	enroll on your cu	irrent health care coverage pr
Full Name of Qualified Beneficiary		Date of Termination (mm/dd/yyyy)		Date COBRA Becar (mm/dd/yy		

Company

Date

Signature and Title