HEALTHCARE GROUP CENSUS

NAME OF CORPORATION: _____

ADDRESS OF CORPORATION: _____

You must provide the information listed below for every eligible employee. An eligible employee is an active, full-time employee who works at least 25 hours per week on a regularly scheduled basis and is included on the employer's payroll for Social Security and Federal Income Tax Withholding regardless of whether he/she is on the current Group Health Insurance Plan.

Any document submitted in place of this form must include all the information requested.

EMPLOYEE NAME	ZIP CODE	STATE	DATE OF BIRTH	DATE OF HIRE	SEX	NOT ACTIVE FULL-TIME SPECIFY	COVERAGE TO INCLUDE			ENROLL. WAIVER
							EMPLOYEE	SPOUSE	# CHILDREN	

** See Attached Information Requirements

PLEASE PROVIDE THE FOLLOWING INFORMATION:

1) Most recent billing statement from your current group carrier.

2) Annual renewal date with current carrier: _____

3) Type of group coverage: (ex. HMO / PPO/ etc.) _____

4) Employer contribution level: (what is your current contribution) _____