Employee Census Data Request

Group Name: **Telephone #:( )**
City: **State: _ County:**
Group Contact Person: **Type of Business:**
PHC Code:
# of FT Employees: **# of Insured for Med:** **# of Insured on COBRA:**

EMPLOYEE CENSUS DATA

EMPLOYEE NAME	SEX	DOB	RESIDENCE ZIP CODE	EE, E+S, E+C E+S+C*	TOTAL# OF ENROLLEES

***Key:**
EE=Employee E+S=Employee + Spouse E+C=Employee + Children
E+S+C=Employee +Spouse+Children
Total # of Enrollees= Total number of family members enrolled including employee.