

Group Health Census - Please list all employees - even those with other coverage.

Company Name: ______ Address: _____

Employee Name or Employee Number	Sex	Employee Age or Birth Date	Coverage Type ******** See key at bottom	Spouse Age or Birth Date	# of Children	Employee State	Annual Wages	Full-time or Part-time
* Coverage Type Voys Employee Only								

^{*} Coverage Type Key: Employee Only = EE, Employee + Spouse = ES, Employee + child(ren) = EC, Employee + Family = EF.

* If employee has other health coverage in place please indicate with: **OC**.