GROUP CENSUS REPORT

COMPANY NAME	
ADDRESS	
CITY, ST ZIP	
PHONE	
FAX	
FED TAX ID	
EMAIL	

MUST INCLUDE ANY EMPLOYEES ON COBRA – Write in beside their coverage "COBRA"

#	Employee Name	Date of Birth	Sex (M/F)	Coverage to Elect (EE, ESP, ECH, FAM)	Zip Code of Employee (if outside of Maricopa County)	Salary (needed if quoting Life/ STD/ LTD)	Position (needed if quoting Life/ STD/ LTD)	Line of Coverage (Medical, Dental, LTD, STD, Life, Vision)
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								