CLIENT CENSUS INFORMATION:

NOTE: ALL GROUP INFORMATION AND CENSUS COLUMNS FOR BENEFIT ELIGIBLE EMPLOYEES MUST BE COMPLETED BEFORE SUBMITTING

Group Name:		*Tax ID #:*		*4-digit SIC Code:*	
Address:		*City:*		*State:*	*Zip:*
Total # of EEs:		*# of EEs on Current Plan:*		*Desired Effective Date:*	
Current Carrier:		*Number of years with Carrier:*			

EMP, SPS, DEP	First Name	Last Name	Address	City	State	ZIP	Gender	DOB	Age	Coverage Type (EE, ES, EC, EF)
EMP	*John*	*Smith*	*123 Example St.*	*Example*	*PA*	*12345*	*Male*	*11-12-1990*	*30*	*EF*
SPS	*Mary (John's spouse)*	*Smith*					*Female*	*11-13-1990*	*30*	
DEP	*John Jr. (John's child)*	*Smith*					*Male*	*11-14-2019*	*1*	

Definitions	
Coverage Type	**Relationship**
EE: Employee Only	**EMP**: Employee
ES: Employee + Spouse	**SPS**: Spouse
EC: Employee + Child(ren)	**DEP**: Dependent
EF: Family	
W: Waiving Coverage	