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Company Name: _____
 Street Address: _____
 Mailing Address (if different): _____
 Business Phone: _____
 Business Fax: _____

Date Census Prepared: _____
 Desired Effective Date: _____
 Contact person: _____ SIC: _____
 Contact email: _____ NAICS: _____
 Average # of EEs during previous calendar year: _____ EE % _____ Dep % _____
 Contribution: _____
 # of total working 30+ hrs/wk: _____ # Hrs Required/week: _____ # days _____
 # of Total Enrolling: _____ Probationary Period: _____

| Enrollment Codes: | | | | | | | | | | | | | | | Ineligible Codes: | | | | For Life & Disability | |
|-----------------------|------------|-----------|------------------------------------|----------------------------------|--------------------------|---|---|--|-------------------------------------|----------------------------------|---------------|---------------------|---------------------|---------------------|---------------------|--------------------------|-----------------------------|--|-----------------------|--|
| E = Employee Only | | | F = Employee + Spouse + Child(ren) | | | PP=Probationary Period | | | WC=Waive to other group coverage | | | | | | | | | | | |
| S = Employee + Spouse | | | C = Employee + Child(ren) | | | PT= Part time/Insufficient hrs | | | D=Decline (no other group coverage) | | | | | | | | | | | |
| Employee Last Name | First Name | Birthdate | Gender | Date of Hire (or Cobra Eff date) | Hrs/Week or Continuation | Marital Status: M-Married S-Single DP-Dom Partner | Enrollment or Ineligible Code (Medical) | Enrollment or Ineligible Code (Dental) | Residence Zip | Birth Date Spouse or Dom Partner | # of children | Birth Date Child #1 | Birth Date Child #2 | Birth Date Child #3 | Birth Date Child #4 | Job Title or Description | Monthly salary or hrly wage | | | |
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Final Rates are based on the actual enrollment on the effective date of coverage. Any changes at enrollment will be reflected in the FINAL rates issued by the carrier.
LIST ALL EMPLOYEES WORKING MORE THAN 17.5 HOURS PER WEEK (Regardless of Coverage Status)

Group signature: _____

Title: _____