



CENSUS

Date: _____

Group Name: _____

Address: _____

Coverages: Life/AD&D STD LTD Health Dep. Life Dental

	Name	Dob	Gender	Salary	Pay Mode*	Job Title	DOH	Dep Status**	Class#	Home Zip
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*H- Hourly B- Bi-Weekly W-Weekly M-Monthly A-Annual

** E-Employee Only ES-Employee + Spouse EC-Employee + Child F-Full Family

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