



Commonwealth Choice Employer Census Form

Commonwealth Choice
 Customer Service Center
 554 Main Street
 P.O. Box 15066
 Worcester, MA 01615-0066
 Phone: 1-877-MA-ENROLL
 Fax: 508-770-0102
www.MAHealthConnector.org

Company Name

DBA

 Contact - First Name

 SIC Code and Industry

 Street Address

 Mailing Address (if different)

 City State Zip

 City State Zip Code

 Contact Phone Number Fax Number

 Contact Email Address

 Broker (1) Name and SBIA ID Phone Number

 Broker (2) Name and SBIA ID Phone Number

	Employee Name	Date of Birth	Date of Hire	Home Zip Code	E-Mail Address
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					

Signature - Authorized Company Representative

Date of Signature

Name - Please Print