Personal & Confidential Information

Sample Census

Client Name

								Employee Vision Election*	Employee Dental Election*	Employee Medical Product Election	Employee Medical Election*	Employee Prescription Drug Election*	Employment Status*	Dependent Life	Voluntary Life	Voluntary Life
Employee Name	Home Zip Code	Date of Birth	Date of Hire	Gender	Annual Earnings	Division/Location	Occupation/Title	i.e. Single, EE+1, Family, Waive	i.e. Single, EE+1, Family, Waive	i.e. HMO, POS, PPO	i.e. Single, EE+1, Family, Waive	i.e. Single, EE+1, Family, Waive	i.e. Active, Retiree, COBRA, Leave of Absence, Disability	i.e. Spouse, Child, Spouse & Child,Waived	Election	Coverage Amount

*** Medical/Dental/Vision/Prescription Drug Election Codes (to be included according to your current rating structure):**
S = Single
ee+1 = Employee + 1
F = Family

***Employment Status Codes:**
A = Actively Employed with above named company
R = Retired
C = COBRA
LOA = Leave of Absence
D = Out on Disability

*** Life/AD&D, STD, LTD Coverage:** Employee elections per plan must be included if employees have the option to waive coverage

* If eligibility differs based on employment class please be sure to identify that information in the above census.
* If there are any additional benefits and or administrative services that you would like for us to include in our research and that require employee specific identification, please be sure to include the necessary fields on the census.
* Please provide the completed census in an electronic format (via e-mail or on disk) preferably in excel.