



**GROUP CENSUS DATA FORM**

Company Name: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax : \_\_\_\_\_ Marketing Rep: \_\_\_\_\_

Number of Eligible Employees: \_\_\_\_\_

Completed by: \_\_\_\_\_ Date: \_\_\_\_\_

**EMPLOYEE CENSUS DATA**

Instructions: Please complete the following information ONLY for employees that will be enrolled:

Gender: Male (M) or Female (F)      Employee Name (Optional)      Employee Age or Date of Birth  
Spouse Age (if being covered)      Number of Dependents (being covered)

	<u>Gender</u> <i>Required</i>	<u>Employee Name</u> <i>Optional</i>	<u>Age /DOB</u> <i>Required</i>	<u>Spouse's Age</u> <i>Optional</i>	<u>No. of Dependents</u> <i>Required</i>
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20.					

If necessary, please use another sheet.

**MGCD02012009**