

Employee Census For:

Effective Date:

	Employee Name (last, first, middle initial)	Sex (M/F)	Date of Birth	Date of Hire	Medical Coverage (See Codes)	Number of Hours Worked Per Week	State/ Zip Code	Occupation	Salary
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
21									
22									
23									
24									
25									
COBRA GROUP = Y N		DOMESTIC PARTNER COVERAGE REQUESTED = YES NO							
MEDICAL CODES:									
E = Employee Coverage Only ES = Employee & Spouse			FF = Full Family Coverage CE = Covered Elsewhere			EC = Employee Child (ren) U = Uninsured		PT = Part Time COB = Cobra	

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26									
27									
28									
29									
30									
31									
32									
33									
34									
35									
36									
37									
38									
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42									
43									
44									
45									
46									
47									
48									
49									
50									
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51									
52									
53									
54									
55									
56									
57									
58									
59									
60									
61									
62									
63									
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67									
68									
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70									
71									
72									
73									
74									
75									
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77									
78									
79									
80									
81									
82									
83									
84									
85									
86									
87									
88									
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93									
94									
95									
96									
97									
98									
99									
100									
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