

**EMPLOYEE CENSUS**

**NAME OF COMPANY** \_\_\_\_\_  
**CITY & ZIP** \_\_\_\_\_  
**NATURE OF BUSINESS** \_\_\_\_\_

**COUNTY** \_\_\_\_\_  
**SIC CODE** \_\_\_\_\_  
**EFFECTIVE** \_\_\_\_\_

NO.	EMPLOYEE NAME	OCCUPATION	SALARY	GENDER	DEPENDENT STATUS	AGE OF EMPLOYEE	DATE OF BIRTH	
							EMPLOYEE	SPOUSE
	SAMPLE	MANAGER	\$30,000	F	ESC-2	46	1/1/1965	2/28/1967
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**\*Dependent Status For Coverage**

Employee - E                      Life Only -LO  
Employee/Spouse - ES            Note: For EC&ESC Please Follow  
Employee/Child(ren) -EC            With # Of Children.  
Employee/Spouse/Child(ren) -ESC

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