

Company Name: _____

Renewal Date: _____

A Small Employer is:

An employer that employed an average of at least two (2) but not more than fifty (50) employees on business days during the preceding calendar year, the majority of whom are employed within this state and that employs at least two (2) eligible employees (those with a normal work week of 17.5 hours or more) on the date on which coverage is to take effect.

- A person treated as a single employer under subsections (b), (c), (m) or (o) of section 414 of the Internal Revenue Code of 1986 shall be treated as one (1) employer
- The determination of whether an employer that was not in existence throughout the preceding calendar year is a small employer shall be based on the average number of employees that it is reasonably expected the employer will employ on business days in the current calendar year.

Are you a small Employer?

Yes No

If yes, please complete the following census.

Please Note: It is important that you list all employees on your payroll records. Domestic Partner participation should be indicated in Spouse column. If an employee is ineligible for group coverage, indicate in the Status column.

Ineligible reasons are:

- Other Coverage - OC (coverage through another employer health benefit plan. A Waiver of Group Health Insurance form must be completed by each employee who will be waiving enrollment due to other coverage)
- Part-time – PT (working less than 17.5 hours per week)
- Temporary Employee – TE
- New Employee in Probationary Period – PP

(Census form continued on reverse side)

	Name	Status	Age	Date of Hire	Hrs Worked	Single	Spouse	# of Children
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								

24								
25								
26								
27								
28								
29								
30								
31								
32								
33								
34								
35								
36								
27								
38								
39								
40								
41								
42								
43								
44								
45								
46								
47								
48								
49								
50								

Please use and attach an additional sheet of paper if over 50 employees

I certify that this census data is a complete and accurate record of all employees on our current payroll records. I understand that incomplete or false information may result in the termination of the Employer Group contract if such contract is issued by Providence.

Print Name

Signature / Date

Position (Sole Proprietor, Partner, Corporate Officer)

Phone Number / Address