

**Group Name:** \_\_\_\_\_

List all employees who work 17.5 hours or more per week including those in their probationary period and those who are waiving coverage. If employer offers Domestic Partner coverage to employees, indicate Domestic Partner participation in Spouse column.

	Employee Name	Employee Enrolling	DOB	Date of Hire	Weekly Hours Worked	Dependent Status		
						Single	Spouse	# of Children
1		Yes / No						
2		Yes / No						
3		Yes / No						
4		Yes / No						
5		Yes / No						
6		Yes / No						
7		Yes / No						
8		Yes / No						
9		Yes / No						
10		Yes / No						
11		Yes / No						
12		Yes / No						
13		Yes / No						
14		Yes / No						
15		Yes / No						
16		Yes / No						
17		Yes / No						
18		Yes / No						
19		Yes / No						
20		Yes / No						
21		Yes / No						
22		Yes / No						
23		Yes / No						
24		Yes / No						
25		Yes / No						

(Census Form Continued on Other Side)

	Employee Name	Employee Enrolling	DOB	Date of Hire	Weekly Hours Worked	Dependent Status		
						Single	Spouse	# of Children
26		Yes / No						
27		Yes / No						
28		Yes / No						
29		Yes / No						
30		Yes / No						
31		Yes / No						
32		Yes / No						
33		Yes / No						
34		Yes / No						
35		Yes / No						
36		Yes / No						
37		Yes / No						
38		Yes / No						
39		Yes / No						
40		Yes / No						
41		Yes / No						
42		Yes / No						
43		Yes / No						
44		Yes / No						
45		Yes / No						
46		Yes / No						
47		Yes / No						
48		Yes / No						
49		Yes / No						
50		Yes / No						

**I certify the information provided is complete and true.**

\_\_\_\_\_  
Print Name and Title

\_\_\_\_\_  
Signature (Authorized Group Signature)

\_\_\_\_\_  
Date