

NEW GROUPS 50+
EMPLOYEE CENSUS FOR MEDICAL OR DENTAL COVERAGE

Group Name:				Type of Business:				EO: Emp Only		ES: Emp + Spouse									
Address:				Zip Code:				EC: Emp + Children		EF: Emp + Family									
#	SEX (M, F)	DOB or AGE	Type (EO, ES, EC or EF)	Out-of-Area Bus. Zip Code if applicable	#	SEX (M, F)	DOB or AGE	Type (EO, ES, EC or EF)	Out-of-Area Bus. Zip Code if applicable	#	SEX (M, F)	DOB or AGE	Type (EO, ES, EC or EF)	Out-of-Area Bus. Zip Code if applicable	#	SEX (M, F)	DOB or AGE	Type (EO, ES, EC or EF)	Out-of-Area Bus. Zip Code if applicable
1					38					75					112				
2					39					76					113				
3					40					77					114				
4					41					78					115				
5					42					79					116				
6					43					80					117				
7					44					81					118				
8					45					82					119				
9					46					83					120				
10					47					84					121				
11					48					85					122				
12					49					86					123				
13					50					87					124				
14					51					88					125				
15					52					89					126				
16					53					90					127				
17					54					91					128				
18					55					92					129				
19					56					93					130				
20					57					94					131				
21					58					95					132				
22					59					96					133				
23					60					97					134				
24					61					98					135				
25					62					99					136				
26					63					100					137				
27					64					101					138				
28					65					102					139				
29					66					103					140				
30					67					104					141				
31					68					105					142				
32					69					106					143				
33					70					107					144				
34					71					108					145				
35					72					109					146				
36					73					110					147				
37					74					111					148				