

Employee Census

Company: _____

Effective Date: _____

City: _____

Zip Code: _____

Industry: _____

DEPENDENT STATUS

- EE: Employee Only**
- ES: Employee and Spouse**
- EC: Employee and Child(ren)**
- FA: Employee and Family**

| First Name (optional) | Last Name (optional) | Date of Birth | Age | M/F | Dependent Status | Home Zip Code | Carrier | Plan | Premium |
|-----------------------|----------------------|---------------|-----|-----|------------------|---------------|---------|------|---------|
| 1 | | | | | | | | | |
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Employee Census

| First Name (optional) | Last Name (optional) | Date of Birth | Age | M/F | Dependent Status | Home Zip Code | Carrier | Plan | Premium |
|-----------------------|----------------------|---------------|-----|-----|------------------|---------------|---------|------|---------|
| 20 | | | | | | | | | |
| 21 | | | | | | | | | |
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CURRENT PLAN DESIGNS

| MEDICAL | |
|--------------------------|--|
| Carrier | |
| RAF | |
| Renewal Date | |
| Plan | |
| Office Co-Pay | |
| Deductible | |
| Coinsurance | |
| Annual Out-of-Pocket Max | |
| Prescriptions | |

OR

| MEDICAL | |
|--------------------------|--|
| Carrier | |
| RAF | |
| Renewal Date | |
| Plan | |
| Office Co-Pay | |
| Deductible | |
| Coinsurance | |
| Annual Out-of-Pocket Max | |
| Prescriptions | |

| DENTAL | |
|-----------------------------|--|
| Carrier | |
| Renewal Date | |
| Calendar Year Max | |
| Coinsurance (ex: 100/80/50) | |
| Deductible | |
| UCR Percentile | |
| Ortho | |
| RATES: | |
| Employee Only | |
| Employee/Spouse | |
| Employee/Child(ren) | |
| Family | |