CONFIDENTIAL EMPLOYEE & SPOUSE CENSUS INFORMATION

E | H | L

Company Name: _____

Contact Name: _____

Physical Address: _____

City, State, Zip: _____

Phone / Fax: _____

	Employee Name	Gender (M/F)	Date of Birth	Spouse Date of Birth	Children & Ages	EE Zipcode	COBRA (Yes/No)	Waiver
1	John Doe	M	01/23/70	04/15/69	Male (8) Female (4)	98310	N	N
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