

CENSUS FOR: _____

ADDRESS: _____

	Employee Name	Date Of Birth	Zip Code	Gender	Family Status For Health Insurance Coverage *
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

*** Symbols for Marital Status**

S = Single EC = Employee/Child EN = Employee/Children ES = Employee/Spouse F = Family W = Waive Coverage

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Fort Washington, PA 19034**

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800-709-6299 888-816-7765**

Date Completed _____