

2024 – SMALL GROUP ENROLLMENT CENSUS



IMPORTANT - PLEASE READ

By submitting group enrollment information via this Enrollment Census, the employer is authorizing their representing licensed agent to submit applications on their behalf and to obtain additional documents as needed during the enrollment process for each of its employees.

Employer Name: _____

All Fields Must Be Filled Out (Date of Hire is for Employee Only)

Include all employees enrolling and waiving coverage

[illegible]