## 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 it's employees.

Employer Name:	All Fields Must Be Fil

All Fields Must Be Filled Out (Date of Hire is for Employee Only)
Include all employees enrolling and waiving coverage

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Names																				
SSN (No Dashes)																				
Last Name																				
First Name																				
Gender M/F						/						Λ								
Relation Code																				
DOB																				
Email Address																				
Address																				
City																				
State																				
Zip Code																				
Date of Hire																				
Supp Plan	Yes	No																		
НМА	Yes	No																		
Dental Plan	Yes	No																		
Vision Plan	Yes	No																		
Life	Yes	No																		
"WAIVE" for OPT out on all																				