

EMPLOYEE CENSUS



paula@medplanhero.com

(219) 869-1293

Employer Name: _____

Employer Address: _____

Please list ALL eligible employees. Attach additional pages if needed

Employee Name	Gender M/F	Birth Date Or Age	Home Zip Code	Spouse to be covered	Number of Children to be covered	Spouse Age	Employee and/or Spouse Tobacco use	Employee / Spouse / Children Pre-existing Medical condition(s)
1	Male Female			Yes No			Yes No	No Yes _____
2	Male Female			Yes No			Yes No	No Yes _____
3	Male Female			Yes No			Yes No	No Yes _____
4	Male Female			Yes No			Yes No	No Yes _____
5	Male Female			Yes No			Yes No	No Yes _____
6	Male Female			Yes No			Yes No	No Yes _____
7	Male Female			Yes No			Yes No	No Yes _____
8	Male Female			Yes No			Yes No	No Yes _____
9	Male Female			Yes No			Yes No	No Yes _____
10	Male Female			Yes No			Yes No	No Yes _____