

Employee Census

Company Name: _____

Company Address: _____

Contact Name / Phone Number: _____

Medical/Dental Census

	Name	Gender M/F	Birthdate 1 / 2 / 34	Hours/wk #	EE Y / N	Spouse Y / N	Children #	Waiving Y / N	COBRA Y / N
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									

COORDINATED BENEFIT PLANS

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