



EMPLOYEE CENSUS

Page #:

Victor J. Norris / Trish Strohman

Group Name:	Tel:
Location:	Fax:
Renewal Date:	Date:

Record Number	Last Name	First Name	Gender	DOB Age	# of Children	Home Zip	Work Zip	Life Volume	Date of Hire	Level of Coverage
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										
17										
18										
19										
20										

* IND - Individual

P/C - Parent & Child

H/W - Husba Fam - Family

W - waiver