



Company Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Address 1: \_\_\_\_\_ County: \_\_\_\_\_  
 Address 1: \_\_\_\_\_ County: \_\_\_\_\_  
 Address 1: \_\_\_\_\_ County: \_\_\_\_\_  
 Nature of Business: \_\_\_\_\_

*Please list all full-time employees and 1099 contracted employees.*

	Name	DOB	Sex	Residential Zip Code	Worksite Zip Code	Medical**	Dental**	# of Children	Salary	Occupation	Covered Spouse Date of Birth
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											

\*\* EE = employer code; ES = employee/spouse; EC = employee/child(ren); F = full family; LO = life only; W = medical waiver

Known Health Conditions or Pregnancies, if any: \_\_\_\_\_

Comments: \_\_\_\_\_