



CARE in America+

fixes healthcare ... plain & simple

Census for CARE in America

E-mail (secure): **Foundation@CAREinAmerica.org**

Legal Name of Business:

Preferred E-mail address:

Street Address:

City: _____

State: _____

Zip: _____

Phone: _____

Nature of Business or Work:

Census

Please complete the following schedule:

Include all employees, including those who are COBRA eligible.

List dependents only if they participate in your company health benefits.

Dependents must be listed directly under the employee to whom they are related.

Leave no blank rows between employees or dependents.

| | Last Name | First Name | Middle Initial | Date of Birth | Gender (M / F) | Relationship* Employee, Spouse, Child | Participating in health benefits (Yes / No) | Zip Code | Employee Occupation or Position | Employee Status* Fulltime, Parttime, COBRA eligible |
|----|-----------|------------|----------------|---------------|----------------|--|--|----------|---------------------------------|--|
| 1 | | | | | | | | | | |
| 2 | | | | | | | | | | |
| 3 | | | | | | | | | | |
| 4 | | | | | | | | | | |
| 5 | | | | | | | | | | |
| 6 | | | | | | | | | | |
| 7 | | | | | | | | | | |
| 8 | | | | | | | | | | |
| 9 | | | | | | | | | | |
| 10 | | | | | | | | | | |

Census Submitted by:

Name, Title

Date

for:

Company / Group