



**This is a PDF Form.**  
**Please enter data directly on your computer screen.**  
**Or submit a Census of your employees containing the following information.**  
**Send completed form to: [CAREinAmericaFoundation@gmail.com](mailto:CAREinAmericaFoundation@gmail.com)**

**Data**

**Legal Name of Business:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
 \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

**Nature of Business or Work:** \_\_\_\_\_

or NAIC Code: \_\_\_\_\_

**Census Totals:** Total # of Employees: \_\_\_\_\_ Total Participating: \_\_\_\_\_

*Please complete the following schedule, or attach employee census:*

	Name	Date of Birth	Gender	Zip Code	Current Carrier & Plan	Status*
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

\*Status Codes  
**E** - Employee (Adult named)  
**S** - Spouse  
**C** - Child

**Signature**

\_\_\_\_\_

I hereby declare my answers and statements in this application to be true and complete to the best of my knowledge. Further, I understand that CAREinAmerica.org and my Insurance carrier, believing them to be true, will rely and act upon them accordingly.

**Census Submitted By:** \_\_\_\_\_ Date: \_\_\_\_\_  
 Name, Title

**for:** \_\_\_\_\_  
 Company / Group