



Census of Employees

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, Retired
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										

Census Submitted by: _____
 Name, Title _____ Date _____

for: _____
 Company / Group _____