Plans that include
CARE in America
fix healthcare … plain & simple

Census for Plans that include **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**:** _____

Please indicate selection with an X: **Union Plan?** _____ **or Non-Union?** _____

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

Copyright © The CARE in America Foundation, 2021