



**Census of Employees**

E-mail (secure): [Foundation@CAREinAmerica.org](mailto: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 \_\_\_\_\_