Company Legal Name:					
Company Zip:					
SIC code/Nature of business:					
Current Carrier:					
Total # of elibible EE's:					
Projected # of enrolling EE's:					
Requested effective date:					

EMPLOYEE CENSUS

	LAST NAME (optional)	Work Location ZIP (Humana requires if ML)	RELATIONSHIP (EE, Spouse, Child)	DOB	GENDER	MEDICAL ELECTION (EO, ES, EC, EF, WAIVE)
EXAMPLE	Jones	76107	EE	1/1/70	F	EF
			SP	1/1/70	M	
			CH	1/1/15	F	
	Smith	76111	EE	2/1/80	M	EO
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DENTAL ELECTION (EO, ES, EC, EF, WAIVE)	VISION ELECTION (EO, ES, EC, EF, WAIVE)			
EF	EO			
EO	EO			