

Employee Census Form

Company Name: _____

Address: _____

Number of Employees _____

Effective Date _____

Employee	Age or DOB	Dependent Age or DOB	Enrollment Status	Zip Code
Mr. Sample	45		ES	04915
Mrs. Sample		43		

Enrollment Status code; EE, employee; ES, employee & spouse; EC employee & child(ren); ESC employee, spouse & child(ren)
Atlantic Insurance & Benefits, Inc. 58 High St. Belfast, ME 04915 Fax: (207)338-9727
mikegiles@atlantic-insurance.com