The Insurance Shop LLC

Group Health Census - Please list all employees - even those with other coverage.

Company Name: _____ Address: _____

Employee Name or Employee Number	Sex	Employee Age or Birth Date	Coverage Type ********** See key at bottom	Spouse Age or Birth Date	# of Children	Employee State	Annual Wages	Full-time or Part-time

*** Coverage Type Key:** Employee Only = **EE**, Employee + Spouse = **ES**, Employee + child(ren) = **EC**, Employee + Family = **EF**.
* If employee has other health coverage in place please indicate with: **OC**.