

Roger Hicks and Associates Group Insurance, Inc.

Employee Census

COMPANY: _____

Use as many sheets as needed

	EMPLOYEE (Names not required)	SEX	DATE OF BIRTH or AGE	COVERAGE*				REASON WAIVING/ INELIGIBLE**
				EE	ES	EC	FM	
1								
2								
3								
4								
5								
6								
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11								
12								
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16								
17								
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20								
21								
22								
23								
24								
25								

***Coverage Type**

EE - Employee only
 ES - Employee + Spouse
 EC - Employee + Child(ren)
 FM - Family

****PLEASE LIST ALL EMPLOYEES, INCLUDING THOSE WHO WILL NOT BE ENROLLED.** Give reason they are waiving/ineligible, such as: Other Coverage, In Waiting Period (give date eligible), Part-Time (under 24 hours/week), Covered by Spouse, etc.

PLEASE RETURN BY FAX TO (405) 478-3636