## Email completed form back to me or fax to: 615-290-5321

Thanks, Rick

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| EMPLOYEE CENSUS                         |                         |                  |                |               |                |                   |                    |
|---|-------------------------|------------------|----------------|---------------|----------------|-------------------|--------------------|
| Business Name:# of Full-Time Employees: |                         |                  |                |               | Date:Phone#:   |                   |                    |
|   |                         |                  |                |               |                |                   |                    |
| Includ                                  | e information about spo | ouse/children on | ly if they are | expected to b | e covered. Use | multiple forms fo | or more than 20 em |
|   | Employee Name           | DOB/Age          | <u>Gender</u>  | Status*       | Zip Code       | Spouse Age        | Children Ages      |
| 1                                       |                         |                  |                |               |                |                   |                    |
| 2                                       |                         |                  |                |               |                |                   |                    |
| 3                                       |                         |                  |                |               |                |                   |                    |
| 4                                       |                         |                  |                |               |                |                   |                    |
| 5                                       |                         |                  |                |               |                |                   |                    |
| 6                                       |                         |                  |                |               |                |                   |                    |
| 7                                       |                         |                  |                |               |                |                   |                    |
| 8                                       |                         |                  |                |               |                |                   |                    |
| 9                                       |                         |                  |                |               |                |                   |                    |
| 10                                      |                         |                  |                |               |                |                   |                    |
| 11                                      |                         |                  |                |               |                |                   |                    |
| 12                                      |                         |                  |                |               |                |                   |                    |
| 13                                      |                         |                  |                |               |                |                   |                    |
| 14                                      |                         |                  |                |               |                |                   |                    |
| 15                                      |                         |                  |                |               |                |                   |                    |
| 16                                      |                         |                  |                |               |                |                   |                    |
| 17                                      |                         |                  |                |               |                |                   |                    |
| 18                                      |                         |                  |                |               |                |                   |                    |
| 19                                      |                         |                  |                |               |                |                   |                    |
|   |                         |                  |                |               |                |                   |                    |