



MILESTONE BENEFITS AGENCY

Census Form



Company Name:

Contact Name:

Street Address:

City/State/Zip:

E-mail Address:

Phone:

Tax ID:

Nature of Business:

Current Carrier/Renewal Date:

Current Agent/Broker:

	Employee Full Name	Social Security #	Sex M/F	EE DOB	Spouse DOB	# of Children	Type of Coverage*	Salary	Occupation	Hours Per Week
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										

*Type of Coverage:

Single-EE, Employee & Spouse- ES, Employee & Child(ren)-EC, Family-FF, Waiver-W

Please continue on a separate page, if necessary.

Upon completion, please fax to 614.844.5364

	Employee Full Name	Social Security #	Sex M/F	EE DOB	Spouse DOB	# of Children	Type of Coverage*	Salary	Occupation	Hours Per Week
16										
17										
18										
19										
20										
21										
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45										

*Type of Coverage:
 Single-EE, Employee & Spouse- ES, Employee & Child(ren)-EC, Family-FF, Waiver-W

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