

Company Name:
Street Address:
City:
State:
Phone #:
Nature of Business:

EE = Employee Only
 ES = Employee & Spouse
 EC = Employee & Child(ren) - Include # of Children in ()
 EF = Employee, Spouse & Child(ren) - Include # of Children in ()
 W = Waiving Coverage

	Employee Name	Gender	DOB	Hire Date	Medical Coverage					Dental Election	Vision Coverage	Home Zip	Wages	Job Title	Job Title	Job Descrip.
					EE	ES	EC	EF	W							
1																1.
2																2.
3																3.
4																4.
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