

**CENSUS
INFORMATION**

COMPANY _____

| | NAME | SEX M/F | | DOB | SALARY | OCCUPATION | HOME ZIPCOD E | MEDICAL | | | DENTAL | | MEDICA L WAIVED | DENTAL WAIVED | COBRA Y/N |
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| | | M | F | | | | | Single | Employee + 1 | Full Family | Single | Family | | | |
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