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Group Health Census

Please list all employees- even those with other coverage.

Employee Name or Employee Number	Sex	Employee Age or Birth Date	Coverage Type ********** See key at bottom	Spouse Age or Birth Date	# of Children	Employee State	Annual Wages	Full-time or Part-time

*** Coverage Type Key:** Employee Only = **EE**, Employee + Spouse = **ES**, Employee + child(ren) = **EC**, Employee + Family = **EF**.

***** If employee has other health coverage in place please indicate with: **OC**.