

EMPLOYEE CENSUS

Employer Name _____
 City _____ State _____
 County _____ Zip _____

Broker
Benefit Specialists of NY
572 S. Salina Street
Syracuse, NY 13202
Phone: (315) 470-1887
Fax: (315) 471-8545

(Please print all info)

Name	Home Zip	Date of Birth Mo. Day Year	M/F	Plan	Cov	Annual Earnings	Marital Status	EE Status	Occupation
1.									
2.									
3.									
4.									
5.									
6.									
7.									
8.									
9.									
10.									
11.									
12.									
13.									
14.									
15.									
16.									
17.									
18.									
19.									

Plan May be:

- M - Medical
- D - Dental
 - T - LTD
 - L - Life
 - O - Other (explain)

Coverage May be:

- 1 - Employee Only
- 2 - Employee & Spouse
- 3 - Employee & Child
- 4 - Employee & Children
- 5 - Family

Marital Status

- S - Single
- M - Married
- D - Divorced

Employee Status:

- N - Not yet eligible
- P - Part time
- F - Full time
- C - Cobra
- D - Disabled
- R - Retired