

<i>Employee No. Name</i>	<i>Sex</i>	<i>DOB/Age</i>	<i>Coverage Type</i>	<i>Spouse DOB/Age</i>	<i>Number of Children</i>
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					

**Coverage Type**

- E = Employee Only
- ES = Employee and Spouse
- EC = Employee and Child(ren)
- ESC = Family

Please have an *Employee Health Questionnaire* completed for each employee (and dependents if applicable) and submit with this census form to:

**Harold Patman**  
**Fax: 888.333.0563**  
**Email: hpatman@tx.rr.com**