DAILEY INSURANCE SERVICES

EMPLOYEE CENSUS FORM

COMPANY NAME: _____ **Today's Date:** _____

Please list ALL employees on your payroll, including those working part-time and those in their probationary period. Please indicate if employee is on COBRA or State Continuation or is an independent contractor.

EE= Employee SP= Spouse CH= Child(ren)

****Eligible means that an employee is working the required hours, and is no longer in their probationary period.**

	EMPLOYEE NAME	GENDER M/F	BIRTHDATE OR AGE	Spouse DOB or No SP	Age & Gender of CHILDREN	**Is employee eligible for benefits?	Hours FT/PT	Tobacco User? Y/N	Will Employee, Spouse or Child(ren) Waive FOR Other Coverage?	Will Employee, Spouse or Child(ren) Waive W/O Other Coverage?
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