Group Health Census Template

Please fill out the table below with your employee and dependent information.

Family ID	First Name	Last Name	DOB	Gender	Relationship	Coverage Tier

Instructions & Valid Options:

- Family ID: Give each employee a unique number (1, 2...). Dependents share the employee's ID.
- DOB: MM/DD/YYYY format.
- Gender: Female or Male.
- Relationship: Subscriber (Employee), Spouse, Domestic Partner, or Dependent (Child).
- Coverage Tier (Subscriber only): Employee, Employee+Spouse, Employee+Child(ren), Family, Waiving.