Sedera Health

Lowering the cost of healthcare. Together.

Census

Group Name:		Effective Date:	
Phone:		Tax ID #	
City:		Benefits Coordinator:	
State:		Broker Name:	
Zip:			

No.	Employee Name -OR- Employee Number	Date of Birth (xx/xx/xxxx)	Gender	Employment Type	Plan Structure	Employee Zip Code	Em
1							
2							
3							
4							
5							
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9							
10							
11							
12							
13							
14							