EMPLOYEE CENSUS FORM

Business Name _____

Address _____ **City** _____ **State** _____ **Zip** _____

Contact Person _____ **Phone** _____ **Fax** _____

For an employee to be eligible for coverage please answer the next 2 questions:

1) Hours per week an employee must work to be eligible for coverage (17 1/2 - 40) _____ **Hours**

2) New Employee probationary period (***circle one***) ***0 Days*** ***30 Days*** ***60 Days*** ***90 Days***

A: Total number of employees (full and part time): _____

B: Number of employees who work at least 17 1/2 hours per week: _____

C: Number of ELIGIBLE employees bases on questions 1 & 2 above: _____

D: Number of employees who are waiving coverage due to other group coverage: _____

E: Number of employees who will be enrolling in coverage (C minus D): _____

Please provide the following census information about all employees who will be enrolling (E above)

Employee Name	Employee Age	Date of Hire	Hours Worked Per Week	Smoke Y / N	Spouse Age	Enrollment Code (See Below)

Enrollment Codes: **1** = Employee Only **2** = Employee & Spouse
3 = Employee Child(ren) **4** = Employee & Family

Return Completed Form to: Northwest Employee Benefits, Inc., 4300 NE Fremont, Suite 260, Portland Oregon 97213
Or Fax to 503-284-0629 or email to dotynebi@aol.com

Fax: 503-284-0629 **Northwest Employee Benefits, Inc.** **1-800-284-1331**