

Small Group Employee Census



	Employee Name (include all full and part-time employees)	DOB	Sex	Hire Date	Dependent status*	Zip Code	County of residence	Full time or part time	Waived AvMed coverage Y/N
1.									
2.									
3.									
4.									
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16.									
17.									
18.									
19.									
20.									

*Dependent Status: EE= Employee Only EC= Employee Child(ren) ES= Employee Spouse ESC= Employee, Spouse Children