

## BUSINESS CENSUS

Group Name: \_\_\_\_\_ Group Number: \_\_\_\_\_

**IMPORTANT NOTE:** This form must be accompanied by your State Quarterly Wage & Tax Report (or applicable tax documentation based on type of business arrangement noted below).

Please check the type of business arrangement:

Sole Proprietorship   
  Partnership   
  Corporation   
  S-Corporation   
  LLC   
  Other

Please provide the most recent tax forms that correspond to the box checked, including any payroll or substantiating tax forms.

## EMPLOYEE CENSUS

Please list all employees in your firm including owners, partners, and managers, whether enrolled for coverage or not. (Attach a second page if necessary.)

	NAME	HIRE DATE	HOURS WORKED PER WEEK	STATUS*	TITLE	WAIVING YES/NO (Y/N)	IF WAIVING, LIST REASON: E.g. Spouse's Employer Plan, COBRA, Medicare/Medicaid, Individual Plan, Military, Other (Explain) Include carrier name, ID #, effective date
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							

**\* STATUS (key)\***

F - Full-time	R - Retired	A - Active Partner
P - Part-time	C - Continuation (State/Federal)	PP - Passive Partner
T - Temporary or Seasonal	D - Totally Disabled Employee	WP - Within Waiting/Affiliation Period
I - Independent Contractor	PO - Probationary Period	O - Other

The employer contributes \_\_\_\_\_% (enter %) toward full-time eligible employee medical premium, if that employee chooses to participate in this group coverage. (Contribution information is not required in the state of Michigan.)

The employer agrees that all the information shown above is correct and complete.

Authorized Signature & Title \_\_\_\_\_ Date \_\_\_\_\_

Business Telephone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

*This form is being used as part of our internal administrative process to verify eligibility and participation requirements. Therefore, it is imperative that the information submitted is complete. It will not be used to verify health status of any individual employee.*