

# Employee Census Form

Please Complete and e-mail to [contact@managedbenefits.com](mailto:contact@managedbenefits.com) or fax to 804.285.1202



MANAGED BENEFITS  
INCORPORATED

Client Name: \_\_\_\_\_

Date: \_\_\_\_\_

	Employee Name or Number	DOB	SEX	DATE OF HIRE	For Life & Disability		Type of Health / Dental Coverage				Home Zip Code	COBRA? Y / N	
					SALARY	OCCUPATION	EMP ONLY	EMP+ SPOUSE	EMP+ CHILD	EMP+ CHILDREN			FAM.
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