Return census to:
dennis@strategynw.com or
fax to 503-667-0503

Please list <u>all employees on payroll</u> regardless of enrollment status and hours worked. Our quotes will be based on the information that you provide to us, using appropriate Enrollment Codes provided below.

Waiver Key	MEDICAL	DENTAL
Not Enough Hrs	0	0
Other Grp Cov.	0	0
Prob. Period	0	0
Medicare	0	0
COBRA	0	0
Waive to None	0	0
Waive to Individual	0	0
TOTAL:	0	0

Enrollment Codes

EE = Employee Only	N = Not Enough Hours	C = Cobra/State Continuation
ES = Employee + Spouse	G = Other Group Coverage	W = Waiving to none
EF = Employee + Family	P = Probation Period	I = Waiving to individual coverage
EC = Employee + Child(ren)	M = Medicare Coverage	

ENROLLMENT MEDICAL		ENROLLMENT DENTAL	
EE Count	0	EE Count	0
ES Count	0	ES Count	0
EF Count	0	EF Count	0
EC Count	0	EC Count	0
TOTAL:	0	TOTAL:	0

COMPANY NAME: **ADDRESS:**

MAIN CONTACT: **Phone:** **Fax:**

Employer Contribution-EE % 0 **Benefit Waiting Period:** 0 **SIC Code:**

Employer Contribution-Dep % 0 **Minimum Hours:** 0 **Effective Date:**

Group Health/Dental Insurance Information

	Employee Name	Gender	Birthdate	Age	Enrollment Codes: Medical	Enrollment Codes: Dental	Date of Hire	Hours Worked	Employee Zip Code (only if out of PDX Metro)	EE tobacco (Y/N)	Married	Spouse DOB		Age Of Dependents: Child #1	Child #2	Child #3	Child #4
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3																	
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