Christian Brothers Employee Benefit Services

CENSUS INFORMATION

Please provide the following information for all eligible employees. Census must include date of birth, gender, occupation, salary/wage, and type of current coverage (employee, spouse, child(ren), family, or waived). If part-time or non-eligible employees are included, please note them as such. Individual identifiable information is not necessary.

DATE:_____ GROUP NAME:_____

CONTACT NAME: _____ PHONE:_____

DATE OF BIRTH	GENDER	COVERAGE TYPE	ANNUAL SALARY	OCCUPATION	AGE OF DEPENDENTS	NOTES