Business Name: _____

Contact: _____ **Requested Effective Date:** _____

Address: _____

Phone: _____

CENSUS

NAME	STATUS (full time or part time)	DATE OF HIRE	IS EMPLOYEE ELIGIBLE FOR BENEFITS?	DATE OF BIRTH	TYPE OF COVERAGE	REASON FOR WAIVER
Joe Smith	*FT*	*10/2/2004*	*yes*	*3/23/1968*	*Employee*	*n/a*

Please fill out above information and send back to your local office.

Salisbury Office: 312 E. Main St | Salisbury, MD 21801 | 410.742.5111 | fax: 410.341.4609

Easton Office: 408 N. Washington St, Suite A | Easton, MD 21601 | 410.822.7300 | fax: 410.822.7812