Andrew and Associates LLC
Life * Health * Group * Medicare

Andrew and Associates LLC
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Email Census to: sandy@andrewandassociates.com
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Group Health Census Form

Company Name:_____ Subscribers

Proposed
Effective Date: _____

Please list out each Employee and each Dependant on a seperate line

Relationship EE=Employee S=Spouse C=Child	**Last Name**	**First Name**	**Gender**	**Date of Birth**	**Tobacco use Yes/No**	**Zip Code**	**Coverage** EE=EE Only ES=EE+Spouse EC=EE+Children EF=Family