



CARE in America+

fixes healthcare ... plain & simple

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Census for CARE in America

E-mail (secure): **Foundation@CAREinAmerica.org**

Legal Name of Business: _____

Preferred E-mail address: _____

Street Address: _____

City: _____

State: _____

Zip: _____

Phone: _____

Nature of Business or Work: _____

Please indicate selection with an X:

Union Plan? _____

or Non-Union? _____

Census

Please complete the following schedule:

Include all employees, including those who are COBRA eligible.

List dependents only if they participate in your company health benefits.

Dependents must be listed directly under the employee to whom they are related.

Leave no blank rows between employees or dependents.

	Last Name	First Name	Middle Initial	Date of Birth	Gender (M / F)	Relationship* Employee, Spouse, Child	Participating in health benefits (Yes / No)	Zip Code	Employee Occupation or Position	Employee Status* Fulltime, Parttime, COBRA eligible, Retired
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										

Census Submitted by: _____
Name, Title

_____ Date

for: _____
Company / Group