

Census information (*Required fields)

*** Sequence no * Relationship to employee (Subscriber, Spouse, Domestic Partner, Dependent)**

Last name Middle name First name * Gender (Female, Male) * Date of birth (MM/DD/YYYY)

Disabled dependent	* Employment status (Active, COBRA)	* Medical coverage (EE, ES, EC, FAM, Waive)	* Dental coverage (EE, ES, EC, FAM, Waive)
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Email (xxx@xxx.xxx) Salary Hire date (MM/DD/YYYY) SSN (###-##-####) ZIP code County

Address 1 Address 2 Home phone ((###) ###-####)