

D Census Information

	Employee (EE) Name <i>Last, First</i>	EE Date of Birth (Mo/Day/Yr)	EE Home ZIP Code/ County	EE Gender (M/F)	✓ If on COBRA	DEPENDENTS				Life Amount \$
						Spouse	Children Aged 0-18	Children Aged 19-25		
						Date of Birth Mo/Day/Yr	Number of Children	Date of Birth of Each Child	Disabled? Yes/No	
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										

E Out-of-State Census Information

	Employee (EE) Name <i>Last, First</i>	EE Date of Birth (Mo/Day/Yr)	EE Home ZIP Code/ County	EE Gender (M/F)	✓ If on COBRA	DEPENDENTS				Life Amount \$
						Spouse	Children Aged 0-18	Children Aged 19-25		
						Date of Birth Mo/Day/Yr	Number of Children	Date of Birth of Each Child	Disabled? Yes/No	
1										
2										
3										
4										