

Benefits Design Group Inc.
 PO Box 370
 Onalaska WI 54650

CENSUS OF ELIGIBLE EMPLOYEES

Employer: _____

Address: _____

Contact Person: _____

Telephone #: _____

Date Completed: _____

(Please list all eligible employees below in alphabetical order)

	Employee Name	Social Security Number	Home Address	Union (Y/N)	* Salary	Payroll Frequency	Hire Date	Date of Birth	**Division/Location
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									

* Please indicate with a check if less than \$25,000 per year (W-2 earnings).

IF USING AN ENROLLER, PLEASE INDICATE ACTUAL ANNUAL EARNINGS. PLEASE ATTACH A LISTING OF W-2 WITHHOLDING INFORMATION

** Enter division/location if divisional breakout is desired on the invoice.

THIS IS ONLY A SAMPLE OF THE INFORMATION NEEDED FOR GROUP INSTALLTION. YOU ARE WELCOME TO PROVIDE US WITH YOUR OWN REPORT OR E-MAIL FILE AS LONG AS ALL OF THE REQUESTED INFORMATION IS PROVIDED.

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	Employee Name	Social Security Number	Home Address	Union (Y/N)	* Salary	Payroll Frequency	Hire Date	Date of Birth	Division/Location
16									
17									
18									
19									
20									
21									
22									
23									
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25									
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