

Employer Name	· · · · · · · · · · · · · · · · · · ·
Employee Census Date	

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ENROLLMENT CODES													
01	Employee only	04	Employee/child(	(ren)	WP	Eligibility wa	aiting period	COBRA	Employer Contribution:% Em			mployee,	_% Dependents
02	Employee and spouse	OG	Other group cov	/erage	IND	Undividual o	coverage					e eligible:	
03	Employee/Family	PT	Part Time		SP Self pay continuation		ntinuation		Probationary Period: First of the mor				
	Employee	Gender	Marital	Date of	Hours	Zip	Enrollment	Enrollment	Spouse	Children	Hire	Gross Monthly	Job
	Name		Status	Birth	Per Week	Code	Code Medical	Code Dental	Birthdate	Birthdate	Date	Income	Description
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