Employee Census

Agency Information	
Agency Name	Sam Bond Benefit Group, Inc.
Full Physical Address	200 Beach Drive, Ste 9 St. Petersburg, FL 33701
Agency Phone	727-823-2663

Group Information	
Company's Legal Name	

**Please list any spouse and/or child(ren) being covered directly beneath the subscriber.

	Relationship	First Name	Last Name	Gender M/F	DOB	Home Zip Code	Medical	Dental	Vision	Annual Salary	Job Title	Current Medical Plan	Job Class	LTD Y/N	STD Y/N	Voluntary Life Amount	DOH	Cobra Y/N	Reason for Waiving
	*Select from drop-down list						*Select from drop-down list	*Select from drop-down list	*Select from drop-down list	**Required for Disability	**Required for Disability								

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	ZIP CODE* (5-Digits)	CLASS TYPE	FIRST NAME*	LAST NAME*	SEX*
1			Employee	001	
2			Employee	002	
3			Employee	003	
4			Employee	004	
5			Employee	005	
6			Employee	006	
7			Employee	007	
8			Employee	008	
9			Employee	009	
10			Employee	010	
11			Employee	011	
12			Employee	012	
13			Employee	013	
14			Employee	014	
15			Employee	015	
16			Employee	016	
17			Employee	017	
18			Employee	018	
19			Employee	019	
20			Employee	020	
21			Employee	021	
22			Employee	022	
23			Employee	023	
24			Employee	024	
25			Employee	025	
26			Employee	026	
27			Employee	027	
28			Employee	028	
29			Employee	029	
30			Employee	030	
31			Employee	031	
32			Employee	032	
33			Employee	033	
34			Employee	034	
35			Employee	035	
36			Employee	036	
37			Employee	037	
38			Employee	038	
39			Employee	039	
40			Employee	040	
41			Employee	041	
42			Employee	042	
43			Employee	043	
44			Employee	044	
45			Employee	045	

ıployee Details

AGE* Enter Age OR DOB	**DOB*** (MM/DD/YYYY) Enter Age OR DOB	**MEDICARE STATUS**	**EMPLOYMENT STATUS***	**ANNUAL SALARY**

	Spouse			
OUT OF AREA OOA information will be ignored for Multi-site groups.	**AGE** Enter Age OR DOB	**DOB** (MM/DD/YYYY) Enter Age OR DOB	**MEDICARE STATUS**	**AGE** Enter Age OR DOB

Child 1		Child 2			
DOB (MM/DD/YYYY) Enter Age OR DOB	**MEDICARE STATUS**	**AGE** Enter Age OR DOB	**DOB** (MM/DD/YYYY) Enter Age OR DOB	**MEDICARE STATUS**	**AGE** Enter Age OR DOB

Child 3		Child 4			
DOB (MM/DD/YYYY) Enter Age OR DOB	**MEDICARE STATUS**	**AGE** Enter Age OR DOB	**DOB** (MM/DD/YYYY) Enter Age OR DOB	**MEDICARE STATUS**	**AGE** Enter Age OR DOB

Child 5		Child 6			
DOB (MM/DD/YYYY) Enter Age OR DOB	**MEDICARE STATUS**	**AGE** Enter Age OR DOB	**DOB** (MM/DD/YYYY) Enter Age OR DOB	**MEDICARE STATUS**	**AGE** Enter Age OR DOB

Child 7		Child 8			
DOB (MM/DD/YYYY) Enter Age OR DOB	**MEDICARE STATUS**	**AGE** Enter Age OR DOB	**DOB** (MM/DD/YYYY) Enter Age OR DOB	**MEDICARE STATUS**	**AGE** Enter Age OR DOB

Child 9		Child 10		
DOB (MM/DD/YYYY) Enter Age OR DOB	**MEDICARE STATUS**	**AGE** Enter Age OR DOB	**DOB** (MM/DD/YYYY) Enter Age OR DOB	**MEDICARE STATUS**