Fax Back form Att: Kevin 541-683-8753
or email: helpinsureme@yahoo.com

SE Insurance Specialists
2160 W 11th, Ste D
Eugene, OR 97402
www.SEinsureplans.com
541-687-5858 or 866-516-8462

SMALL GROUP ENROLLMENT CENSUS

LIST ALL EMPLOYEES, including those in their group eligibility waiting period, all who are waiving coverage, and those who are ineligible. Include the reason they are waiving coverage or are ineligible. Also include COBRA/State Continuation members in this list. Use additional pages if necessary. Submit this form with the completed Small Group Master Application at initial enrolment.

GROUP NAME _____

Employee Name	17 ½ Hours? Y/N	Employee Enrolling? Y/N	DOB	DOH	Total # of Dep.	Number of Dep. Enrolling	Reason employee is waiving* or ineligible
	☐ Yes ☐ No	☐ Yes ☐ No					
	☐ Yes ☐ No	☐ Yes ☐ No					
	☐ Yes ☐ No	☐ Yes ☐ No					
	☐ Yes ☐ No	☐ Yes ☐ No					
	☐ Yes ☐ No	☐ Yes ☐ No					
	☐ Yes ☐ No	☐ Yes ☐ No					
	☐ Yes ☐ No	☐ Yes ☐ No					
	☐ Yes ☐ No	☐ Yes ☐ No					
	☐ Yes ☐ No	☐ Yes ☐ No					
	☐ Yes ☐ No	☐ Yes ☐ No					
	☐ Yes ☐ No	☐ Yes ☐ No					
	☐ Yes ☐ No	☐ Yes ☐ No					

* A completed Group Member Enrollment and Change Application is required for each eligible employee, including those who are waiving coverage.

As an authorized representative of the group, I certify that the information provided above is compete and true.

_____ **Signature (required on each separate page)**

_____ **Title**

_____ **Date**

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