Hollister Benefits Company, INC.

Census Report

Company Name:

Company Address:

Phone: **Fax:**

Employee Name	Date of Birth	Hours Per Week	Coverage Class*	M/F	Occupation	Salary**

Does this group currently employ more than 50 F/T employees? Yes/No

If this group has employees working outside of the home office please designate where they are located.

***IND (Individual) - H/W (Husband/Wife) - P/C (Parent/Child) - FAM (Family)**

****Salary is required for Life, STD, LTD Plans**

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