Health Insurance Census

Name of Business:		
Address:		
E-Mail Address:		
Phone #		

	Name	Sex	Emp	loyee	Sp	ouse	EE	EC	ES	FF	# Children
1			1	1	1	1					
2			1	1	1	1					
3			1	1	1	1					
4			1	1	1	1					
5			1	1	1	1					
6			1	1	1	1					
7			1	1	1	1					
8			1	1	1	1					
9			1	1	1	1					
10			1	1	1	1					
11			1	1	1	1					
12			1	1	1	1					
13			1	1	1	1					
14			1	1	1	1					
15			1	1	1	1					
16			1	1	1	1					
17			1	1	1	1					
18			1	1	1	1					
19			1	1	1	1					
20			1	1	1	1					
21			1	1	1	1					
22			1	1	1	1					
23			1	1	1	1					
24			1	1	1	1					
25			1	1	1	1					
26			1	1	1	1					
27			1	1	1	1					
28			1	1	1	1					
29			1	1	1	1					
30			1	1	1	1					

Notes: