Lifetime Benefits Group, Inc

Employee Benefit Solutions

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Employee Census Report For: ______________________________________
Effective Date:_____________________

Employee Name	DOB	Gender	**Policy Type** 1= Single 2=Couple 3=Parent/Child 4=Family 5=Parent/Chldren 6=Waiving	Covered Elsewhere Y/N	Currently Enrolled on COBRA Y/N	State	Zip Code