

SMALL GROUP EMPLOYEE CENSUS INFORMATION



GROUP INFORMATION

Important: Small groups must supply the specified information on all employees to remain in compliance with Colorado State Regulation 4-6-8, Section 5, B(3)-B(4).

Group name _____ Number of employees in Colorado _____ Total number of employees nationwide _____

Will Kaiser Permanente be the only medical insurance offered? Yes No If not, what other company _____

SIGNATURE REQUIRED

I hereby certify that I have read this document and that the information provided BELOW is both complete and accurate. I also certify that business records maintained by our company can substantiate the information provided. Upon request, we do agree to provide any additional documents requested by Kaiser Permanente that establishes all requirements, including eligibility and participation. I understand that omissions, misrepresentations, or misstatements could result in claim denial, or termination of our group policy.

Signature of Owner or Group Administrator _____ Date _____

EMPLOYEE INFORMATION—COMPLETE THE CENSUS BELOW

Enrollment Status Codes:

E: Employee Only
EC: Employee/Child
ECK+: Employee/Children
ES: Employee/Spouse
ESC+: Family

Status Codes:

SP: Sole Proprietor/Self Employed
FT: Full time employee
PT: Part time employee
TE: Temporary/Seasonal employee

CO: Employee under state or federal (Cobra) continuation of coverage
WA: Employee Waiving
MC: Eligible for Medicare

RE: Retired employee
TD: Totally Disabled employee
NE: New employee—Not eligible yet
XX: No longer employed

Employee Name	Age	Date of Hire	24 Hours or More a Week (circle one)		Home Zip Code	Eligible (circle one)		Enrollment Status Codes (codes above)	Status Codes (codes above)	Position/Title	Hours worked per week
			YES	NO		YES	NO				
1. _____	_____	_____	YES	NO	_____	YES	NO	_____	_____	_____	_____
2. _____	_____	_____	YES	NO	_____	YES	NO	_____	_____	_____	_____
3. _____	_____	_____	YES	NO	_____	YES	NO	_____	_____	_____	_____
4. _____	_____	_____	YES	NO	_____	YES	NO	_____	_____	_____	_____
5. _____	_____	_____	YES	NO	_____	YES	NO	_____	_____	_____	_____
6. _____	_____	_____	YES	NO	_____	YES	NO	_____	_____	_____	_____
7. _____	_____	_____	YES	NO	_____	YES	NO	_____	_____	_____	_____
8. _____	_____	_____	YES	NO	_____	YES	NO	_____	_____	_____	_____
9. _____	_____	_____	YES	NO	_____	YES	NO	_____	_____	_____	_____
10. _____	_____	_____	YES	NO	_____	YES	NO	_____	_____	_____	_____
11. _____	_____	_____	YES	NO	_____	YES	NO	_____	_____	_____	_____
12. _____	_____	_____	YES	NO	_____	YES	NO	_____	_____	_____	_____
13. _____	_____	_____	YES	NO	_____	YES	NO	_____	_____	_____	_____
14. _____	_____	_____	YES	NO	_____	YES	NO	_____	_____	_____	_____
15. _____	_____	_____	YES	NO	_____	YES	NO	_____	_____	_____	_____

Employee Name	Age	Date of Hire	24 Hours or More a Week (circle one)		Home Zip Code	Eligible (circle one)		Enrollment Status Codes (codes on reverse)	Status Codes (codes on reverse)	Position/Title	Hours worked per week
16.			YES	NO		YES	NO				
17.			YES	NO		YES	NO				
18.			YES	NO		YES	NO				
19.			YES	NO		YES	NO				
20.			YES	NO		YES	NO				
21.			YES	NO		YES	NO				
22.			YES	NO		YES	NO				
23.			YES	NO		YES	NO				
24.			YES	NO		YES	NO				
25.			YES	NO		YES	NO				
26.			YES	NO		YES	NO				
27.			YES	NO		YES	NO				
28.			YES	NO		YES	NO				
29.			YES	NO		YES	NO				
30.			YES	NO		YES	NO				
31.			YES	NO		YES	NO				
32.			YES	NO		YES	NO				
33.			YES	NO		YES	NO				
34.			YES	NO		YES	NO				
35.			YES	NO		YES	NO				
36.			YES	NO		YES	NO				
37.			YES	NO		YES	NO				
38.			YES	NO		YES	NO				
39.			YES	NO		YES	NO				
40.			YES	NO		YES	NO				
41.			YES	NO		YES	NO				
42.			YES	NO		YES	NO				
43.			YES	NO		YES	NO				
44.			YES	NO		YES	NO				
45.			YES	NO		YES	NO				
46.			YES	NO		YES	NO				
47.			YES	NO		YES	NO				
48.			YES	NO		YES	NO				
49.			YES	NO		YES	NO				
50.			YES	NO		YES	NO				