ROCKY MOUNTAIN HEALTH PLANS®
Good health. That's the plan.

Group Census Request

List all employees working 24 hours or more per week, regardless of your eligibility criteria, and former employees on COBRA and Colorado Continuation of Coverage.

Requested by:			
Group name:			
Group zip code:		Group phone #:	
Name of employee	**Hours worked per week**	**Age or date of birth**	**Type of coverage:** • **Employee only** • **Employee/Spouse** • **Employee/Child(ren)** • **Family**

Prepared by: _____ Date: _____

Total number of eligible employees: _____

The minimum hours worked per week to establish eligibility shall be _____hours.