

PEO SOURCE

WE ARE YOUR ADVOCATES TO THE PEO INDUSTRY.

Corporate Office Orlando, FL • (561) 635-0991 or (954) 294-1432 • Fax (561) 828-6128 • www.peo-source.com

Census Form

LEVEL OF COVERAGE LEGEND :

- | | | |
|-------------------------|--|---|
| 1 Employee | 4 Family (Empl + Child(ren) + Spouse | 7 Part Time |
| 2 Employee + Child(ren) | 5 Declined Verifiable Coverage Elsewhere | 8 Not Eligible Yet Due to Time in Service |
| 3 Employee + Spouse | 6 Declined - No Coverage | |

Company Name				
Contact Name				
Phone		Email		
Name	Gender	Level of Coverage	Age or DOB	Zip Code
_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____	_____	_____
_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____	_____	_____
_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____	_____	_____
_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____	_____	_____
_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____	_____	_____
_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____	_____	_____
_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____	_____	_____
_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____	_____	_____

