Employee Census

PNW INSURANCE SOLUTIONS

EMPLOYER INFORMATION:

In the space provided below please provide the name and address of your company, the name, phone number and email of the contact, a brief description of your business, your SIC (if known) and the date that you wish your benefits to begin. In addition please indicate the benefits for which you would like us to obtain quotes.

Employer Name:		**Address:**	**City/State:**	**Zip:**
Contact Name:		**Contact Phone:**	**Contact Email:**	
Business Description:		**Are all employees, including executives, covered by Workers' Compensation?** ☐Yes ☐No		
SIC (If Known):		**Desired Effective Date:**		
Requested Benefits:	☐Medical ☐Dental ☐Life ☐Vision ☐Short-Term Disability ☐Long-Term Disability ☐HSA ☐HRA ☐Flexible Spending Account ☐Premium Only Plan			

EMPLOYEE INFORMATION: **# of Full-Time Employees: _____ # of Part-Time Employees: _____ # of Employees Waiving Coverage: _____**

Please provide the requested information in the space provided below. (An eligible employee is generally one who is working at least 25-30 hours in a normal week.) Be sure to include the date of birth for both the employee and spouse, if applicable. It is not necessary to include the date of birth of each child, but please indicate the number of children & their age, if any. **Also, please indicate if the employee intends to enroll or waive coverage under your health plan.** You may use an employee ID number, last name, or any other identifying information in the first column. **Please email your completed census to wendee@pnwisol.com.** If you have any questions, please contact us at **425-314-0988.** Thank you!

Name	Date of Birth	Gender (M/F)	Relationship to Employee (Employee; Spouse; Child)	Residential ZIP Code	E = Enroll W = Waive	Title (For Disability and/or Life Coverage Only)	Annual Salary (For Disability and for Life Coverage if Life Coverage is Based on Salary)

Name	Date of Birth	Gender (M/F)	Relationship to Employee (Spouse; Child)	ZIP Code	E = Enroll W = Waive	Title (For Disability and/or Life Coverage Only)	Annual Salary (For Disability and/or Life Coverage Only)