20/20 Benefit Solutions
"The Clear Choice"

EMPLOYEE CENSUS DATA

REMIT CENSUS TO: IGNITEMEMBERBENEFITS@2020BENEFITSOLUTIONS.COM

NAME OF FIRM:					DATE:		

ADDRESS:

COVERAGE CODES:
- E = EMPLOYEE ONLY
- E-1 = EMPLOYEE + SPOUSE
- E-2 = EMPLOYEE + CHILD/CHILDREN
- E-3 = EMPLOYEE + SPOUSE + CHILD/CHILDREN

	NAME	Sex	D/O/B			Residence	Coverage
	Last, First, Middle Initial	M/F	Month	Day	Year	Zip code	Code
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							