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| ORGANIZATION: |  | | CONTACT PERSON: |  | |
| PHONE: |  | FAX: |  | EMAIL: |  |
| TYPE OF ORG: |  | | ADDRESS |  | |
| EMPLOYEE CENSUS: List each eligible employee, spouse and dependent child. Initial quote will be based on this census. Final rates will be determined based on actual enrollment. (Attach additional sheets if necessary)  \*Status: E=Employee / S=Spouse / D=Dependent Child / C=Cobra | | | | | |

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| DATE ENTERED / UPDATED: |  |

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| **Employee Name or Name of Dependent** | **Status\*** | **Gender** | **Date of Birth** | **Date of Hire** | **Country of Citizenship** | **Country of Assignment** |
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| **Employee Name or Name of Dependent** | **Status\*** | **Gender** | **Date of Birth** | **Date of Hire** | **Country of Citizenship** | **Country of Assignment** |
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| ADDITIONAL NOTES: |  |