

Association Master Trust

66 Morris Ave, Springfield, NJ, 07081-0359 (973) 379-1090 Fax (973) 379-3658

GROUP CENSUS

COMPANY NAME _____

CONTACTS NAME _____

ADDRESS _____

PHONE _____ FAX _____

CURRENT PLAN _____ RENEWAL DATE _____

COVERAGE TYPE

- E- Employee Only
- HW- Employee & Spouse
- PC- Employee & Child(ren)
- F- Employee, Spouse & Child(ren)
- W-Waiving Coverage

STATUS

- FT-Full-time employee (works 25 hours or more)
- PT- Part-time employee (works less than 25 hours)
- R- Retired

	Employee Name	Birthdate	Coverage Type					Status		
			E	HW	PC	F	W	FT	PT	R
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19.										
20.										

If additional space is needed, attach a separate sheet.

Fax completed form to (973) 379-3658