



Gerhart, Hartman & Ritner, LTD.

Employee Benefits Division

Census Data

Employer Name _____ Date Completed _____

Please provide information for each eligible employee whether or not they desire benefits. An eligible employee is a "Full Time" (Based on your definition of full time) AND is included on your most recent (UC-2) payroll tax form for PA Unemployment Compensation. **Any document submitted in place of this form should include all the information requested below.**

Plan Option: Many companies offer a dual choice of benefit plans. Please indicate which plan option the employee has selected.

Coverage CODE: **S** = Employee only **EC1**= Employee & Child **EC2** = Employee & Children **HW** = Employee & Spouse
F= Employee & Family **NONE** = Employee does not want employee or dependent coverage

Employee Name	Date of Birth	Home Zip Code	Sex	Marital Status	Plan Option	Coverage Code	Retired Y
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3.							
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