Policyholder Name: _____ **Employee List as of:** _____

Electronic census is preferred. Please contact your sales office to request Excel template.

Employee Last Name	Employee First Name	Social Security Number	Gender	D.O.B	D.O.H.	Basic Monthly Earnings*	Occupation	Work Loc. (State)	Work ZIP	Hrs worked per week

*Basic Monthly Earnings - amount of income covered by this policy
**Applies only for dependent Life coverage
***If plan is contributory, list all eligible employees and indicate enrolled status with Y or N.