

## Fully Insured Plan Administration Employee Census Data

Business Legal Name: \_\_\_\_\_

Employee Number or last 6 of Social Security Number	Employee Name Last, First	Birth Date	Hire Date	Term Date	Actual (W2) Earnings (12/31 Payroll)	Hours Worked (+/- 1000)	Salary / Hourly	Ownership Interest %	Owners Family Member Y/N