

Employee Census

I confirm that (legal company name) _____ is complying with participation requirements noted on the Proposal Predications sheet of the Physicians Plus Insurance Corporation (Physicians Plus) Table Rated Proposal form. The following employees are actively working the minimum 30 hours per week on a regular basis, or are on the group health insurance plan due to state or COBRA Continuation of coverage.

Please indicate employee's **status** in the status column:

- | | | |
|--|--|--|
| F Full Time, employee works 30 hours or more per week | T Temporary, employee works less than 5 months a year | R Retired |
| P Part Time, employee works less than 30 hours per week | I Independent Contractor affiliated with the Employer | D Disabled |
| | | L Legally Required Continuation |
| | | O Other-Please Explain |

Name	Salary	Hire Date	Status
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Name	Salary	Hire Date	Status
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			

I hereby certify the information on this document is accurate to the best of my knowledge.

Date Signature (Owner, Partner or Corporate Officer)

Date Agent Signature