

Group Name: _____

**PacifiCare
Census Data Sheet**

In order to comply with State Regulation 4-6-8, Section 5, B(3) and (4) we require the following information before final approval of a group or renewal of an existing group.

Section I

Please list **all** employees and their number of dependents. Check those employees who are regularly scheduled to work 24 or more hours per week in column 1. If your company's eligibility rules are different than 24 hours, check which employees meet your rules in column 2. Please print or type.

<u>Employee Name</u>	<u># of dependents</u>	1 <u>24 hours/wk</u>	2 <u>Specific Eligibility Rules</u>
1. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
2. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
3. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
4. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
5. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
6. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
7. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
8. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
9. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
10. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
11. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
12. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
13. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
14. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
15. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>

Section II

Please list all current employees on State Continuation or Cobra coverage. Include date of birth, continuation effective date and projected termination date.

<u>Continuation Member</u>	<u>Date of Birth</u>	<u>Effective Date</u>	<u>Termination Date</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Photocopy to list additional employees

Any material misstatement or omission of facts may result in denial or termination of the group contract.