

AITA ASSOCIATES
Certified Employee Benefit Specialists
Census Form

Group Name:

DOB = Date of Birth

Status =

- (E) Employee only
- (C) Employee & Child
- (S) Employee/Spouse
- (F) Employee, Spouse & Children

	Employee Name	Sex	AGE/DOB	Status	Residence Zip Code
1					
2					
3					
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26					

* If husband and wife both work for the same company, please let us know.

Comments: