

VACE / CIGNA HealthCare Group Census Form

◆ Please List **all** employees currently employed ◆

Page ___ of ___

Company Name: _____		Address: _____					
Employee Name	Social Security Number	Accepts CIGNA (yes/no)	Covered by spouse? (yes*/no)	Date of Birth	Date of Hire	Number of Hours Worked per Week	Full or Part Time
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							

*If "yes", please include a photocopy of the employee's current health insurance identification card along with this form.

Signed: _____

Dated: _____