

MedAmerica Simply BusinessSM Application for Employer Program Census Worksheet

At MedAmerica, we make doing business simple! If you don't have an electronic census for your 3-49 size group, simply fill out this worksheet and our staff will create one for you! See our approval process guide on page 8 for more information on creating a census.

Name (First & Last Name)	Family Relationship (to owner/officer of company, if any)	Date of Birth	Employment Status (Full Time "F" Part Time "P")	Status Type (Employee, Retiree, Board Member)	State	Marital Status (Married "M" Single "S")	Employer Funded (Full Benefits "1" Defined Benefit "2" \$ Contribution "3")

You may continue adding census information on the back of this form if necessary.

Authorized Employer Representative: _____ Title: _____

Signature of Authorized Employer Representative: _____ Date: _____

MedAmerica Approval Section		
Approved By: _____	Date: _____	Group #: _____

Employer Program Census Worksheet Continued

Name (First & Last Name)	Family Relationship <i>(to owner/officer of company, if any)</i>	Date of Birth	Employment Status <i>(Full Time "F" Part Time "P")</i>	Status Type <i>(Employee, Retiree, Board Member)</i>	State	Marital Status <i>(Married "M" Single "S")</i>	Employer Funded <i>(Full Benefits "1" Defined Benefit "2" \$ Contribution "3")</i>