

LEE, Inc. Group Census

GROUP NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Date: \_\_\_\_\_



Medical Codes

- Employee Only: **EE**
- Employee/Spouse: **ES**
- Employee/Child: **EC**
- Family: **FA**
- Employee Life Only: **LO**
- Employee Life & Disability: **LD**

Status Codes

- Sole Proprietor: **SP**
- Full-Time Employee: **FT**
- Part-Time Employee: **PT**
- Temporary Employee: **TM**
- Totally Disabled Employee: **TD**
- Retired Employee: **RE**
- IL/US Continuation of Coverage: **CO**
- Dual Choice, Waiving- Another Group Plan Offered: **DC**
- Waiving due to other qualifying coverage: **WA**
- Other Insurance: **OI**

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 www.leeinc.net

**Agent: Edna R. Lee**

Years in Business \_\_\_\_\_  
 Nature of Business/SIC Code \_\_\_\_\_

List <b>ALL ELIGIBLE</b> Employees	Gender	Employee Age/DOB	# of Children	Spouse Age/DOB	Medical Code	Smoker	Date of Hire	Hour/Week	Status Code	If Status was DC, WA, or OI List Other Carrier's Name
1										
2										
3										
4										
5										
6										
7										
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