

# Health Plus Consulting Services, Inc.

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Employer Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

	NAME	Age/DOB	Gender	E,ES,EC,F	# of Children
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					

\*\*E = Employee Only; ES = Employee + Spouse; EC = Employee + Children; F = Family

\*\*NOTE: If you have more than 25 employees, please print another copy of this sheet