

Health Census Assessment Center, Inc

Please take a moment to complete the following Health Census. You may use a separate sheet if necessary. Please fax completed form to (321) 249-0513 or email to info@acipeo.com. If you have questions, please contact ACI toll free at (877) 473-8858 x205 or at the email above.

Company Name:

Date:

Employee Name (Last, First)	Sex	Birthdate (mm/dd/yyyy)	County of Residence	*Employee Class (FT, PT, SEA, H, S)	Type of Coverage (HMO, POS, PPO)	Hrs Worked/Wk (optional)	**Medical Election (E, S, C, F)
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
20							
21							

*Employee Class Key: FT=full-time; PT=part-time; SEA=seasonal; S=Salaried or Exempt; H=Hourly or Non-exempt .

**Medical Election Key: E=Employee Only; S=Employee/Spouse; C=Employee/Child(ren)