Company Profile

Legal Company Name	
DBA (if applicable)	
Tax ID Number	
SIC Code	
Main Contact Name	
Main Contact Phone Number	
Main Contact Email	
Company Address	
Address 2 (Suite #, Floor, etc.)	
City	
State	
Zip Code	
Company Telephone #	
Company URL	
State of Incorporation	
Legal Structure	
Description of Business (Please explain your business in one sentence)	
Current Medical Provider (if applicable)	
Medical Renewal Date (if applicable)	

Company Name	

Last Name	First Name	Relationship (Employee, Husband, Wife Son, Daughter)	Date of Birth	Gender	Employee's Home Zip Code	Date of Hire	Health Election	Occupation (for Basic Life, LTD, STD)	Annual Salary (for Basic Life, LTD, STD)

COBRA CENSUS

Gender	Date of Birth	Home State	Home Zip Code	COBRA Effective Date	COBRA Status	Reason for Separation