

*****Please email or fax to the information below*****

J. B. Gross Insurance
email:keitha@jbgross.com

1703 Santa Fe Drive
Weatherford, TX 76087
817-613-1098 Phone
817-613-1360 Fax

Group Census for: _____

Zip Code: _____

Date: _____

Please fax or email this census along with your most recent Texas Workforce Commission Quarterly Report

This census must include all Employees--part-time, seasonal, and even if not eligible or electing coverage.

EE	Name	Sex	D.O.H	D.O.B.	Coverage	# Child	Spouse D.O.B.	Home Zip
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								

Coverage: Employee Only=EO Employee/Spouse=ES Employee/Child(ren)=EC Family=EF Decline/Other Coverage=DO Part Time=PT

PLEASE INCLUDE ALL EMPLOYEES INCLUDING PART TIME.