MedAmerica Simply BusinessSM Application for Employer Program Census Worksheet

At MedAmerica, we make doing business simple! If you don't have an electronic census for your 3-49 size group, simply fill out this worksheet and our staff will create one for you! See our approval process guide on page 8 for more information on creating a census.

Name (First & Last Name)	Family Relationship (to owner/officer of company, if any)	Date of Birth	Employment Status (Full Time "F" Part Time "P")	Status Type (Employee, Retiree, Board Member)	State	Marital Status (Married "M" Single "S")	Employer Funded (Full Benefits "1" Defined Benefit "2" \$ Contribution "3")			
You may continue adding censu	us information o	n the back	of this form if	necessary.						
Authorized Employer Representative:				Title:						
Signature of Authorized Employer Representative: Date:										
MedAmerica Approval Section										
Approved By:										

Employer Program Census Worksheet Continued

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