MARITIME LIFE (CARIBBEAN) LIMITED
GROUP DEPARTMENT
EMPLOYEE CENSUS DATA SHEET

COMPANY: _____ TYPE OF INDUSTRY: _____

ADDRESS: _____ TELE#: _____

PLAN ADMINISTRATOR: _____ EMAIL ADDRESS: _____

PREVIOUS GROUP HEALTH PLAN: _____ **IF "YES' THE CLAIMS EXPERIENCE REQUIRED FOR LAST 3YRS**

ADVISOR: _____ FSC: _____ TELE#: _____

BLUE MARLIN: _____ DOLPHIN: _____ DATE: _____

NAME OR REF NUMBER OF EMPLOYEE	OCCUPATION OR POSITION	SEX	MARITAL STATUS	DATE OF BIRTH			EARNING		COVERAGE		
				Day	Mon	Year	Month ( ) Ann ( )	Week ( ) Hourly ( )	S	S&1	F

July 5th 2019