



Member Census Instructions

Important Instructions

- All fields are required.
- Census must include all subscribers, spouses, and children who are eligible to enroll as of the effective date.
- Dependents must be grouped immediately underneath the Subscriber to whom they are related.
- Name should NOT include middle initials or suffixes.
- Census must include the home zip code for every employee and dependent.
- Member DOB should be in this format xx/xx/xxxx.
- Coverage tier requirements include any waiver or refusal defined as follows:
 - Waivers** - employee covered through another qualified health plan.
 - Refusals** - employee has refused health coverage and is not enrolled elsewhere in a qualified health plan.
- Required with all proposal requests. Please include as part of the RFP/RFQ submission process.

Member Last Name	Member First Name	Member Residence Zip Code	Member DOB (mm/dd/yyyy)	Gender (m/f)	Relationship (Sub)scriber, (Sp)ouse, (Ch)ild, (LD)Legal Dependant	Coverage Tier (E) Employee, (ES) Employee/Spouse, (EC) Employee/Child, (ECH) Employee/Children, (F) Family, (W) Waiver, (R) Refusal	Current Plan Enrolled* (Only needed if more than 1 plan is currently in-force)
Smith	John	08512	01/2/1950	M	Sub	F	EPO/HMO
Smith	Mary	08512	04/9/1952	F	Sp	F	EPO/HMO
Smith	George	08512	02/6/1983	M	Ch	F	EPO/HMO

*Recommended but not required.