ROCKY MOUNTAIN HEALTH PLANS®
We understand Colorado. We understand you.

# Group Census Request

List all employees working 24 hours or more per week, regardless of your eligibility criteria, and former employees on COBRA and Colorado Continuation of Coverage.

| Requested By: | | |
|---|---|---|
| Group Name: | | |
| Group Zip Code: | Industry or Type of Business: | Industry Code (SIC): |

| Name of Employee | Social Security # | Hours worked per week | Age or date of birth | Type of Coverage:<br>• Employee only<br>• Employee/Spouse<br>• Employee/Child(ren)<br>• Family |
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Prepared by: _____ Date: _____

Total number of eligible employees:_____

The minimum hours worked per week to establish eligibility shall be _____hours.