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CENSUS FORM
 (Groups with 50 or Fewer Employees)

Name of Employer Group _____

	Employee/ Subscriber Gender*	Employee/ Subscriber DOB (MM/DD/YYYY)	Spouse/ Domestic Partner DOB (MM/DD/YYYY)	Dependent Child #1 DOB (MM/DD/YYYY)	Dependent Child #2 DOB (MM/DD/YYYY)	Dependent Child #3 DOB (MM/DD/YYYY)	Dependent Child #4 DOB (MM/DD/YYYY)	Dependent Child #5 DOB (MM/DD/YYYY)
1	<input type="checkbox"/> Male <input type="checkbox"/> Female							
2	<input type="checkbox"/> Male <input type="checkbox"/> Female							
3	<input type="checkbox"/> Male <input type="checkbox"/> Female							
4	<input type="checkbox"/> Male <input type="checkbox"/> Female							
5	<input type="checkbox"/> Male <input type="checkbox"/> Female							
6	<input type="checkbox"/> Male <input type="checkbox"/> Female							
7	<input type="checkbox"/> Male <input type="checkbox"/> Female							
8	<input type="checkbox"/> Male <input type="checkbox"/> Female							
9	<input type="checkbox"/> Male <input type="checkbox"/> Female							
10	<input type="checkbox"/> Male <input type="checkbox"/> Female							
11	<input type="checkbox"/> Male <input type="checkbox"/> Female							
12	<input type="checkbox"/> Male <input type="checkbox"/> Female							
13	<input type="checkbox"/> Male <input type="checkbox"/> Female							
14	<input type="checkbox"/> Male <input type="checkbox"/> Female							
15	<input type="checkbox"/> Male <input type="checkbox"/> Female							
16	<input type="checkbox"/> Male <input type="checkbox"/> Female							
17	<input type="checkbox"/> Male <input type="checkbox"/> Female							
18	<input type="checkbox"/> Male <input type="checkbox"/> Female							
19	<input type="checkbox"/> Male <input type="checkbox"/> Female							
20	<input type="checkbox"/> Male <input type="checkbox"/> Female							

*Not Required