

NEW JERSEY SMALL EMPLOYER CERTIFICATION
For a Policy of Group Health Benefits Insurance

Employer Name			Group Policy No.		
Address	Street	City	State	Zip	

EMPLOYEE CENSUS INFORMATION

Please include the following persons in the following list:

- A. Employees, owners, partners, officers, and independent contractors who are actively working for the employer on a regular basis, and are paid by the employer on a regular basis, whether or not they are eligible to be covered under the policy.
- B. Employees, owners, partners, officers, and independent contractors who are not working, but who are currently covered under the employer's health benefits plan for reasons such as continuation of coverage or total disability.

Please use the following letters to indicate Status:

- F: Full-time employee who works 25 or more hours per week
- P: Part-time employee who works less than 25 hours per week
- T: Temporary employee
- I: Independent Contractor
- D: Totally Disabled employee
- C: Continuee under state or federal law
- U: Employee participating in an employee welfare arrangement established pursuant to a collective bargaining agreement

Name	Job Title	Date of Employment	Hours worked per week	Status	Work Location (State)
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					

If additional space is needed, attach a separate sheet