

Employee Census



Employer's Name _____

Status Codes

- F Full-time employee who works 24 or more hours per week
- P Part-time employee who works less than 24 hours per week
- O Owners, partners and officers

Please list all employees, full-time and part-time, whether they will be covered or not.

	NAME	DATE OF BIRTH	HOURS WORKED PER WEEK	STATUS CODE	APPLYING FOR COVERAGE (YES) DECLINING COVERAGE (NO) ATTACH APPLICATION
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
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21					
22					
23					
24					
25					

In accordance with Oklahoma law, this form must be completed and submitted with a copy of your company's Oklahoma Employment Security Commission Report (OESC) for the most recent quarter filed. If additional space is needed, please use another Supplemental Employment Verification form. All forms used must be signed and dated.

This will acknowledge that my place of business is located within the State of Oklahoma.

I, hereby, certify that the information provided herein is true and correct to the best of my knowledge.

WARNING: Any person who knowingly and willfully makes a false or fraudulent statement or representation in or relative to any application for insurance, or who makes any such statement to obtain a fee, commission, money or benefit shall be guilty of a misdemeanor in accordance with Title 36, § 1204 of the Oklahoma Statutes.

Print Name of Group Administrator: _____

Authorized Signature of Group Administrator: _____ Date: _____

Grove Insurance Associates reserves the right to request documents verifying the above information. In addition, it reserves the right to reverify employment information at any time during the course of your contract with Grove Insurance Associates.