BE Solutions
BENEFITS EVOLUTION

BE Solutions Employee Medical Benefit Census Questionnaire

Company Name:

Address:

County:

Employee Name: Employee Date of Birth:

Sex: Female☐ Male☐ Tobacco: Yes☐ No☐ Electing Medical Coverage: Yes☐ No☐

Coverage: Employee☐ Employee & Spouse☐ Employee & Child(ren)☐ Family☐ Life Only☐

Work Status: Full Time☐ Part Time☐ Occupation/Title:

Address: City: St.: Zip:

Hire Date: Marital Status: Single☐ Married☐ Domestic Partner☐

Spouse Name: DOB: Sex: Female☐ Male☐ Tobacco: Yes☐ No☐

Child Name: DOB: Sex: Female☐ Male☐ Tobacco: Yes☐ No☐

Child Name: DOB: Sex: Female☐ Male☐ Tobacco: Yes☐ No☐

Child Name: DOB: Sex: Female☐ Male☐ Tobacco: Yes☐ No☐

Child Name: DOB: Sex: Female☐ Male☐ Tobacco: Yes☐ No☐

Child Name: DOB: Sex: Female☐ Male☐ Tobacco: Yes☐ No☐

Child Name: DOB: Sex: Female☐ Male☐ Tobacco: Yes☐ No☐

Child Name: DOB: Sex: Female☐ Male☐ Tobacco: Yes☐ No☐

Child Name: DOB: Sex: Female☐ Male☐ Tobacco: Yes☐ No☐

Child Name: DOB: Sex: Female☐ Male☐ Tobacco: Yes☐ No☐

Child Name: DOB: Sex: Female☐ Male☐ Tobacco: Yes☐ No☐

After filling this form out, Save and Email it to information@besoln.com

Clear Form