



RAMSGATE CONSULTING
 10345 Gloria Ave.
 Granada Hills, CA. 91344-7122
 (818) 894-6100 Voice
 (818) 894-7100 FAX
ram@ramsgate.biz

SMALL GROUP CENSUS WORKSHEET

Group Name	Contact
Street	()
City State Zip	Telephone
	()
	FAX

<u>EMPLOYEE DATA</u>			<u>Dependents</u>	
Name (Last, First)	Date of Birth	Residence Zip Code	(ONLY IF ENROLLING)	
			SPOUSE (YES/NO)	NO. OF CHILDREN
1.	/ /			
2.	/ /			
3.	/ /			
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