



Texas Benefit Alliance

718 S. 17th
Temple, TX 76504
254-791-8221
fax: 254-771-1738

CENSUS INFORMATION

Organization Name: Date:
 Address:
 City: State: Zip:
 Phone Number: (No toll free numbers)

Type of Coverage: Health: Vision: Dental:

	Employee Name or Number	Gender	Date of Birth	Type of Coverage
1				
2				
3				
4				
5				
6				
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24				
25				
26				
27				

Coverage Types: A. Employee Only C. Employee & Children
B. Employee & Spouse D. Family