



### D Census Information

REQUIRED!

	EMPLOYEE NAME		SEX (M/F)	DATE OF BIRTH (MO/DAY/YEAR)	DEPENDENTS		✓ IF ON COBRA	HOME ZIP CODE	LIFE AMOUNT (\$)
	LAST	FIRST			✓ IF SPOUSE	# OF CHILDREN			
1									
2									
3									
4									
5									
6									
7									
8									
9									
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25									

### E Out-of-State Census Information

REQUIRED!

	EMPLOYEE NAME		SEX (M/F)	DATE OF BIRTH (MO/DAY/YEAR)	DEPENDENTS		✓ IF ON COBRA	WORK ZIP CODE	LIFE AMOUNT (\$)
	LAST	FIRST			✓ IF SPOUSE	# OF CHILDREN			
1									
2									
3									
4									
5									

Questions? Call your CaliforniaChoice® Representative at (800) 542-4218