FOUNDATION FINANCIAL SERVICES

www.FoundationFinancialServicesNY.com

Employee Census Form

*** Please include copy of benefit description.**

effective date of coverage- _____

Employee Name	Resident zip code	Coverage *	M/F	DOB	Retiree	COBRA

S	**Single,**
TP	**Two person,**
EC	**employee w/children**,
FF	**Family**

Questions? Call us at 845-651-5004

FAX THIS FORM TO 845-651-5006