Anthem Life

EMPLOYEE CENSUS LISTING

Please send completed census to: asim.mahmood@anthem.com and alist@anthem.com

Group Name: CT CHAMBER INSURANCE TRUST

Effective Date:

Census Date:

Employee *Last Name	*First Name	Sex *M/F	*SSN	*DOB MM/DD/YY	Class #	*Hours Worked	*Hire Date MM/DD/YY	Occupation	State	Annual Salary	Dep Life Y/N	Option #	Supp Life Y/N	Benefit Amount	STD Y/N	LTD Y/N

O:/Departments Shares/Electronic Customer docs/AnthemLifeCensusSheet.xls

* denotes required information