



2027 Ahrens Bar Marketplace CENSUS FORM

Complete one form for each eligible employee.

EMPLOYER / FIRM INFORMATION

Firm / Organization

HR / Contact Name

Account / Group #

EMPLOYEE ELIGIBILITY

Effective Date

EMPLOYEE INFORMATION

First Name

Middle Initial

Last Name

Date of Birth

Date of Hire

Phone Number

Email Address

Home Address

City

State

ZIP

ONLINE BENEFIT ENROLLMENT

Benefit elections will be completed online through the Ahrens Bar Marketplace portal.

Dependents may be added on this form below, or entered online when you log in.

Portal login directions will be sent once the employee information has been added to our system.

DEPENDENT INFORMATION

Dependent Name	Relationship	Gender	Date of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

EMPLOYEE CERTIFICATION & SIGNATURE

I certify that the information provided on this form is true and complete to the best of my knowledge.

Employee Signature

Date