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Group Name:

zip code:

sic code (if known):

Contact Name:

Contact email:

Phone:

employee #1	Dependents:	Name	DOB or Age	gender	*tabacco use	Status
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name spouse:
 DOB or Age dependent:
 gender dependent:
 use tobacco dependent:

employee #2	Dependents:	Name	DOB or Age	gender	*tabacco use	Status
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name spouse:
 DOB dependent:
 gender dependent:
 use tobacco dependent:

employee #3	Dependents:	Name	DOB or Age	gender	use tobacco	Status
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name spouse:
 DOB or Age dependent:
 gender dependent:
 use tobacco dependent:

employee #4	Dependents:	Name	DOB or Age	gender	*tabacco use	Status
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name spouse:
 DOB or Age dependent:
 gender dependent:
 use tobacco dependent:

employee #5	Dependents:	Name	DOB or Age	gender	*tabacco use	Status
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name spouse:
 DOB or Age dependent:
 gender dependent:
 use tobacco dependent:

employee #6	Dependents:	Name	DOB or Age	gender	*tabacco use	Status
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name spouse:
 DOB or Age dependent:
 gender dependent:
 use tobacco dependent:

*For purposes of this section, tobacco use means use of tobacco on average four or more times per week within no longer than the past 6 months. This includes all tobacco products, except that tobacco use does not include religious or ceremonial use of tobacco. Further, tobacco use must be defined in terms of when a tobacco product was last used."