



**Blue Cross Blue Shield of  
Oklahoma**

# Employee Summary

For Groups Enrolling 2-50 Employees

The following are Full AND Part-Time employees of, \_\_\_\_\_ as of the signature date:

	Social Security Number	Employee Name	Date of Hire	Hours per Week	Reason Employee is not on OESC
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

According to Oklahoma State Legislation this form must be completed and submitted with a copy of your company's Oklahoma Employment Security Commission Report for the most recent quarter filed. More than one quarter's OESC reports may be required if your company has a waiting period. If an employee listed above does not appear on your OESC report, please provide an explanation in the space provided on this form and attach a W2 summary wage and tax form. Note: if an employee is on the OESC report and is not currently employed, provide termination date on the OESC report. If additional space is needed; please use another Employee Summary form (ALL forms used must be signed and dated).

Authorized Signature of Company Contact \_\_\_\_\_

Date: \_\_\_\_\_