

Legend		
Coverage Tier	Enrollee Type	Plan Type
<b>EE:</b> Member	<b>EE:</b> Member	<b>D:</b> Dental
<b>ES:</b> Member + Spouse	<b>SP:</b> Spouse	<b>V:</b> Vision
<b>EC:</b> Member + Child	<b>DP:</b> Domestic Partner	<b>C:</b> Chiro/Acu
<b>EH:</b> Member + Children	<b>CH:</b> Dependent Child	
<b>FA:</b> Member + Family	<b>D-CH:</b> Disabled Dependent Child**	

## Census Enrollment Form—Dental, Vision, and Chiro/Acu

For new groups only. Use this form **ONLY** for enrolling in Delta Dental Premier, PPO, MetLife Dental Voluntary Plans, VSP, and/or Landmark Chiropractic, Acupuncture\*

Please use the legend to determine what code to enter for 'Coverage Tier,' 'Enrollee Type,' and 'Plan Type.'

**Section 1:** Fill out information for all enrollees—members and dependents. List dependents immediately after their member.

**Section 2:** Fill out information for members only. Print legibly.

<b>Company/Group Name:</b>	<b>Effective Date:</b>
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Section 1: Complete for All Enrollees						Section 2: Complete for Members Only					
Cov. Tier	Enrollee Type	Plan Type	Last Name, First Name	M/F	Birth Date	Social Security Number	Hire Date	Address Information – Complete For Dental & Chiro/Acu Members only			
								Street Address	City	State	Zip Code
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\* If you offer the Dental HMO (DHMO) option, each enrolling employee must fill out and submit the CoPower SELECT Dental Enrollment/Change form, OR the Electronic Census Enrollment.

\*\* Dependent children are eligible for the plan if under 26 or disabled (if disability occurred prior to limiting age). Ortho limitations may apply.