

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

CoPower Select census Enrollment Form—Dental, Vision, and Chiro/Acu

For new groups only. Use this form ONLY for enrolling in Delta Dental Premier, PPO, 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.

Company/Group Name:	Effective Date:
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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.