Employee Census Sheet

Phone: 866-467-3627
Fax: 866-467-3611
www.desertmountaininsurance.com

Name of Group:

Address:

Effective Date: SIC:

Current Company:

Current Ded/Coins:

	Employee Name	Gender	Zip Code	Employee DOB	Spouse DOB	Child DOB/gender	Child DOB/gender	Child DOB/gender	Medical Cvg Code	Dental Cvg Code	Vision Cvg Code

Medical / Dental Coverage Code:	
EE - Employee Only	EC - Emp+Child
ES - Emp + Spouse	F - Family
D - Decline / No Coverage Selected	

Reasons for Declining Coverage:	
D1 - Does not want coverage / no cvg	D4 - Part Time not eligible
D2 - Individual coverage	D5 - Medicare / AHCCCS
D3 - Coverage through Spouse's / Parent's group plan	

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