

Name of Group: _____
 Address: _____

Effective Date: _____ SIC: _____
 Current Company: _____
 Current Ded/Coins: _____

Are you interested in quotes for - Life, STD, LTD? Yes or No

Last Name	First Name	Gender	Zip Code	Relationship	Date of Birth	Medical	Dental	Vision
Ex: Doe	Jane	F	85251	EE	1/1/1982	F	EC	Waive - Sps
Ex: Doe	John	M	85251	SP	1/1/1980			
Ex: Doe	Jenny	F	85251	CH	1/1/2015			

Coverage Code:	
EE - Employee Only	EC - Emp+Child
ES - Emp + Spouse	F - Family
Waive	

Reasons for Waiving Coverage:	
N/A - Does not want coverage / no cvg	PT - Part Time not eligible
IndCvg - Individual coverage	Medicare / AHCCCS
Sps - Coverage through Spouse's / Parent's group plan	



Employee Census Sheet

Phone: 866-467-3627

Fax: 866-467-3611

www.desertmountaininsurance.com

Name of Group:

	Employee Name	Gender	Zip Code	Relationship	Date of Birth	Medical	Dental	Vision



Employee Census Sheet

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