

## Census Enrollment Form-PPO Bundle Only\*

For new groups only. Use this form ONLY for enrolling in CoPower ONE PPO bundled plans.

Please use the legend to determine which code to enter for 'Coverage Tier' and 'Enrollee 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 and clearly.

Legend	
Coverage Tier	Enrollee Type
EE: Member	EE: Member
ES: Member + Spouse	SP: Spouse
EC: Member + Child	DP: Domestic Partner
EH: Member + Children	CH: Dependent Child
FA: Member + Family	D-CH: Disabled Dependent Child**

Employer Name:		Effective Date:	
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Section 1: Complete this Section for All Enrollees					Section 2: Complete this Section for Members Only					
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Cover. Tier	Enrollee Type	Last Name, First Name	M/F	Birth Date	Social Security Number	Hire Date	Street Address	City	State	Zip Code
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\* If you offer HMO option, each enrolling employee must fill out the CoPower ONE Dental Enrollment/Change Form, or you may use the Electronic Census Enrollment Form.  
 \*\* Dependent children are eligible for the plan if under 26 or disabled (if disability occurred prior to limiting age).