

Legend		
Coverage Tier	Enrollee Type	Plan Type
EE: Member	EE: Member	Please see legend on page 2.
ES: Member + Spouse	SP: Spouse	
EC: Member + Child	DP: Domestic Partner	
EH: Member + Children	CH: Dependent Child	
FA: Member + Family	D-CH: Disabled Dep. Child**	

Census Enrollment Form—Anthem Dental and Vision

For new groups only. Use this form ONLY for enrolling in Anthem Blue Cross of California Plans.*
 Please use the legend to determine what code to enter for 'Coverage Tier,' 'Enrollee Type,' and 'Plan Type' (Page 2).
Section 1: Fill out information for all enrollees—members and dependents. List dependents immediately after their member. Please see page 2 for the 'Plan Type' legend.
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 (Pg. 2)	Last Name, First Name	M/F	Birth Date	Social Security Number	Hire Date	Address Information				
								Street Address	City	State	Zip Code	

* If you offer the Dental HMO (DHMO) option, each enrolling employee must fill out and submit the CoPower Employee Enrollment/Change form.
 ** Dependent children are eligible for the plan if under 26 or disabled (if disability occurred prior to limiting age). Ortho limitations may apply.

Plan Type Legend			
Dental PPO Plans	Dental HMO Plans	Vision Plans	Life Plans
DP1: Classic Prime CA - 5A	Please use Individual Employee Enrollee Forms for HMO Plans as HMO Plan require additional information.	V1: Blue View Vision A6	L1: Life Schedule A
DP2: Classic Prime CA - 5B		V2: Blue View Vision B6	L2: Life Schedule B Class 1
DP3: Classic Complete CA - 2N		V3: Blue View Vision C8	L3: Life Schedule B Class 2
DP4: Classic Complete CA - 2Q		V4: Blue View Vision A6 - Voluntary	L4: Life Schedule C 1x Salary
DP5: Enhanced Complete CA - 3B		V5: Blue View Vision B6 - Voluntary	L5: Life Schedule C 2x Salary
DP6: Enhanced Complete CA - 3C		V6: Blue View Vision C8 - Voluntary	
DP7: Voluntary Complete CA - 4B		V7: Blue View Vision M05 – Voluntary (Materials Only)	