



**Current Dental Carrier:** \_\_\_\_\_

This is the information we need. If you have it on a spreadsheet already, send us your census as a file attached to an email.

Census Information						
	Employee	M/F	Date of Birth	If Covered Spouse DOB	# Covered Children	Zip Code
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						