

# GROUP HEALTH CENSUS

Dentist(s) Name:

ODAWT#:

\_\_\_\_\_

Office Name:

\_\_\_\_\_

\_\_\_\_\_

<b>1</b>	<i>Minimum # of hours to be worked per week for employees to be considered eligible for insurance benefits (minimum 25 hours, maximum 30 hours)</i>		HOURS
<b>2</b>	<i>Probationary period - 1st of month following (date hire, 30 days, 60 days, 90 days) may not exceed 91st calendary day of employment</i>		
<b>3</b>	<i>Employer Contribution - Please state in % or \$ amount. No contribution is required.</i>		

Please Enter ALL Dentists and Employees:

#	Employee Last Name	Employee First Name	Date of Hire	Hours per Week	Employee Status	Current ODAWT Subscriber?	Other Coverage?
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							

Signature:

\_\_\_\_\_

Completed by:

\_\_\_\_\_

Date Completed:

\_\_\_\_\_