enrollment/change/waiver Group Insurance Form





Policy and Div. # 026		COBRA: If individual is a continuee:		Qualifying Event				Date of Event	
Cert. #									
Name and Address of Employer (Policyholder)									
1 to enroll □ Dental □ To terminate	all cover	rages							
Employee Information Marital Status	□ Dome	stic Part	ner* *Ne defined	l hv etata la	w or w	our Group			
Social Security number									
Employee's last name, first name, MI									
Date of birth Male Fer							Rehire dat	e	
Occupation									
Street address									
E-mail address (limit of 60 characters)									
Are you covered under another dental insurance plan	?			.Employ	ee: [Yes No	Depe	ndents: 🗌 Ye	es 🗌 No
Dependent Coverage Information List all eligible	e dependent	ts to be	added or delete	d. (Emplo	yee m	ust be enrolled	to cover de	ependents)	
Print full legal name (last, first. MI)	Dent add	al drop	Relations	hin	Sex	Date of birth	Soci	al Security no.	College student?
			Holation	лир	JOOX	Duto of birti	. 000.	ur occurry no.	
12									
3									
4									
5									
up for coverage until the next enrollment period excep I have read and understand. I represent that the info certifies the date of employment, job title, hours work	rmation I h	ave prov	ided is comple	ete and a	ccura	te to the best (of my knov	vledge. The po	licyholder
X Employee Signature (do not print)	D-4-		<u>X</u>	0:	- (-1	-1!1)		Data	
Employee Signature (do not print) Any person who knowingly and with intent to defrauce containing any materially false information, or concertaudulent insurance act, which is a crime, and shall claim for each such violation.	d any insura als for the	ance co	mpany or other e of misleading	r reason f g, inform	iles a ation	n application for concerning any	or insurand y fact mat	ce or statemen erial thereto, c	ommits a
Employee late entrant date					Class Dep. Code				
Dependent late entrant date									
2 to change									
Name Change New Name Old Name									
☐ Add Dependent Coverage☐ If due to marriage, what is the date of marriage	?		☐ If due to h	rth/adont	ion w	hat is the date (of event?		
☐ If due to loss of coverage, date and reason: _				•					
☐ If other, the date of event and please explain:									
☐ Drop Dependent Coverage Number of dep									
☐ Due to divorce ☐ Due to death ☐ Due	to annual e	election	period 🗌 Ex	ceeds ma	aximu	m age to qualif	y as deper	ndent	
Other (please explain)									
3 to waive IF YOU DO NOT WANT COVERAGE, COEMPLOYER. I have been given an opportunity to apply for myself (does not apply to TRUST policies) spo	OMPLETE TH Group Insu ouse/domes	IE WAIVE Irance of stic part	R SECTION. THE fered by my em	WAIVER M ployer, an ren) only	AY NO d have	T BE ALLOWED F e decided not to spouse/dome:	OR THIS PL accept the stic partne	AN, CHECK WITH e offer for: er and child(rer	H YOUR
because									
Name of insurance company and employer of depend Should I desire to apply for this group insurance in the	ent e future, I r	ealize th	at a "late entra	ınt" pena	ty ma	y be applied.			

tips for filling out this form

To Enroll

Missing, incomplete or illegible information can cause delays in adding new employees to the system and could create errors in billing. To ensure proper handling of your enrollment forms, please make sure the following areas are completed:

- Policy Name and Group Number to make sure plan members are added to the correct group.
- Department/Division Numbers so plan members are added in the proper locations, and appear in the appropriate section on the billing if the group has multiple departments or divisions.
- Social Security Numbers the most important identifier for plan members when calling in with claims or administrative questions.
 Please double check to make sure your social security number is accurate and written clearly.
- Full-time Employment Date needed so the correct effective date is calculated for new members.
- Class Number needed when the plan has more than one class of employees.

To Change

Changing Dependent Codes — When adding or dropping dependents, please note whether this change is because of a "life event" or for some other reason. (Examples of life events: marriage, birth of a child, divorce . . .) Please remember to include the date of the event. Late entrant status will be applied if a life event is not included. Be specific when changing status so all dependents who are still eligible will be covered.

Imaging

In order to provide better service, our administration system utilizes image technology. In the image environment, we scan your enrollment forms into our system, making them easier and faster to access. Better quality forms help us to process your enrollments faster. Unfortunately, certain forms are difficult or impossible to scan. The following list of helpful hints will make your forms easier to scan:

Do:

- 1) submit clear, legible enrollment forms.
- 2) underline or circle important information.
- 3) use blue or black ink.

Don't:

- 1) submit dark copies as they appear black on imaging.
- 2) highlight, which blackens the area so it cannot be read.
- 3) write on the top or bottom margins. This information is not always captured on the image system.