

GROUP DENTAL ENROLLMENT FORM

☐ New Employee		☐ Add Coverage	☐ Add/Delete Dependent		☐ Decline Coverage				☐ Cancel Coverage	
☐ Address/Name Change		☐ Loss of Other Coverage ☐ Transfer		rom DHMO	☐ Tr	☐ Transfer From PPO			COBRA Enrollment	
Name of Employer: (Use Name from Group Billing Notice or Master Ap Piute School District - USB				cation)	Group Number: V89 UT			Γ V 5/	1705	Class:
Р	lan Types:	School District	CODIT				390	1 1 1	1 /9J	<u> </u>
	☐ TDA-Comp	anion								
	Social Security Number	er <u>Effective Date</u> Month / Day / Year				oyed Fulltime Day / Year			Hours Worked Per Week	
	Your Name (Last),		<u>Date of Birth</u> <u>Month / Day / Year</u>					Male: ⁻ emale:		
<u>H</u>	ome Address:				Cc	overage	e Reque Employ	ested: yee Only	у	\$37.00
							Employ	yee + O	ne	\$80.00
Ho	me Phone Number:	none Number:			Employee + Two				\$90.00	
D	o you have any other Denta	al coverage? If so, Carrier					Employ	yee + Th	ree or More	e \$117.00
				Do any of your dependents have an						
Co	omplete for Depender	nt Coverage:				-	your de	pender	its have any	other
	omplete for Depender pouse Name: (Last),	nt Coverage: (First),	(MI)	Date of Birth:	de	any of ntal verage			ts have any f so, Name o	
			- · ·	Date of Birth:	de co	ntal	?			
		(First),	- · ·		de co	ntal verage	? No			
	pouse Name: (Last),	(First),	- · ·	/ /	de co	ntal verage Yes	? No No			
<u>s</u>	pouse Name: (Last),	(First),	x :	/ /	de co C	ental overage Yes Yes	? No No			
S C H I L D R	pouse Name: (Last), 1. 2.	(First),	x :	/ /	de co	ontal overage Yes Yes Yes	? No No No No			
S C H I L D	pouse Name: (Last), 1. 2.	(First),	x :	/ /	de co	ntal verage Yes Yes Yes Yes	? No No No No			
C H I L D R E	pouse Name: (Last), 1. 2. 3.	(First),	x :	/ /	de co	ental everage Yes Yes Yes Yes Yes Yes	? No No No No No No No			
S C H I L D R E N	pouse Name: (Last), 1. 2. 3. 4. 5. 6. ud Warning (Not Applicable is a statement of claim containing	(First),	x: / / / / / / / and with intent tor conceals for the	/ / / / / / / / / / o defraud any inside purpose of mis	de co	ntal verage Yes Yes Yes Yes Yes Yes Yes Yes Yes Organian	? No No No No No No	li person fi	f so, Name o	of Carrier:
C H I L D R E N	1. 2. 3. 4. 5. 6. uud Warning (Not Applicable is a statement of claim containing dulent insurance act, which is	in AZ): Any person who knowingly g any materially false information is a crime and subjects such person ted for which I am eligible. If any of	x: / / / / / / / and with intent to croceals for the notice or continual and	/ / / / / / / / / / / / / / / o defraud any insecivil penalties.	de co	rital verage Yes Yes Yes Yes Yes Yes Yes Yes Yes Ye	? No No No No No No or other tion conce	person fi	les an applica	of Carrier: tion for insurance I thereto commits a
C H I L D R E N I el dec	1. 2. 3. 4. 5. 6. ud Warning (Not Applicable is a statement of claim containing dulent insurance act, which is ect the dental coverage select duct the contribution from my vite	(First), Second of AZ): Any person who knowingly gany materially false information as a crime and subjects such person ted for which I am eligible. If any owages. Employee Signature:	x: / / / / / / and with intent to conceals for the to criminal and contribution from	/ / / / / / / / / / / / / o defraud any ins le purpose of mis civil penalties. me is necessary	de co	rental overage Yes Yes Yes Yes Yes Yes Yes Yes Overage	? No No No No No No No concertion concert	person fi erning an	les an applica y fact materia	tion for insurance I thereto commits a
C H I L D R E N I el dec	pouse Name: (Last), 1. 2. 3. 4. 5. 6. aud Warning (Not Applicable is a statement of claim containing udulent insurance act, which is ect the dental coverage select duct the contribution from my view fusal of Group Dental Coverage.	(First), Sellin AZ): Any person who knowingly gany materially false information as a crime and subjects such personed for which I am eligible. If any owages.	x: / / / / / / / / / / / / / / / / / / /	/ / / / / / / / / / / / / / / o defraud any inside purpose of misside civil penalties. me is necessary	de co	rental overage Yes Yes Yes Yes Yes Yes Yes Yes Overage	? No No No No No No No concertion concertion.	person fi erning an	les an applica y fact materia	tion for insurance I thereto commits a my employer to ent I desire such

Return To: