

NEW APPLICATION _____
CHANGE _____

**GENESEE COUNTY
DENTAL ENROLLMENT/CHANGE FORM**

REASON FOR CHANGE:

____ Marriage ____ Birth
____ Divorce ____ Death

Other (Please specify) _____

Date Change Occurred & Name of Dependent(s) Involved: _____

Employee Name _____ Sex _____
Last First MI

Address _____ City _____ State _____ Zip _____

Telephone # _____ Social Security # _____

Birth Date _____ Employment Status: Active _____ Retired _____

Dependents To Be Covered (If needed, list additional dependents on a separate paper, sign and attach) **(Dependents must be under 19 yrs of age)**

| | Name | * | Sex | Birth Date Mo/Day/Yr | Social Security # |
|----------|-------|------|------|-------------------------|-------------------|
| (Spouse) | _____ | ____ | ____ | _____ | _____ |
| (Child) | _____ | ____ | ____ | _____ | _____ |
| (Child) | _____ | ____ | ____ | _____ | _____ |
| (Child) | _____ | ____ | ____ | _____ | _____ |
| (Child) | _____ | ____ | ____ | _____ | _____ |
| (Child) | _____ | ____ | ____ | _____ | _____ |

*Mark H – if handicapped dependent

(It is your responsibility to notify your employer when there is a change in dependents, adding or removing)

Is spouse employed: YES ____ NO ____ If yes, employer's name and address: _____

Do you, your spouse, or dependents have other Dental coverage? (Yes ____ or No ____)

| Name of Policyholder | Carrier's Name and Address | Policy# | Coverage |
|----------------------|----------------------------|---------|-------------------------|
| _____ | _____ | _____ | Single ____ Family ____ |
| _____ | _____ | _____ | Single ____ Family ____ |

I declare that, subject to the penalties of perjury, any statements made on this application and any attachments are the truth and to the best of my knowledge correct. (Also read and sign Enrollment Acknowledgement on reverse side of this form)

Employee's Signature _____ Date _____

To Be Completed By Employer:

Hire Date: _____ Department: _____

HEG - Plan Type _____ & Dept. # _____

Coverage/Change Effective Date: _____ Employer's Signature/Date: _____