

DELTA DENTAL® Enrollment and Change Form

STEP #1

<p>Check below to indicate plan enrollment</p> <p><input type="checkbox"/> I Elect enrollment in the dental program</p> <p><input type="checkbox"/> I Decline dental coverage</p>
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STEP #2

<p>Check appropriate options</p> <p><input type="checkbox"/> New Enrollment Hire Date: _____</p> <p><input type="checkbox"/> Terminate Dependent</p> <p><input type="checkbox"/> Add Dependent</p> <p><input type="checkbox"/> Open Enrollment Indicate action you are making for open enrollment _____</p> <p><input type="checkbox"/> Qualifying Event <input type="checkbox"/> Marriage <input type="checkbox"/> Divorce <input type="checkbox"/> Birth <input type="checkbox"/> Other _____</p> <p>Enrollment due to a qualifying event requires proof validating the event</p>
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STEP #3

Complete Employee Information

- Board of Education Employee
 County Government Employee

Indicate the Department or School Location where you work: _____

Work Phone: _____ Home *or* Cell Phone: _____ Male or Female

Employee Name: _____ SS #: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

STEP #4

Please list all family members to be enrolled or terminated

First, M.I., & Last Name		Social Security #	Birth Date	Sex
	SP	- -	- -	M F
	CH	- -	- -	M F
	CH	- -	- -	M F
	CH	- -	- -	M F

Enrollment of a child: Copy of the child's birth certificate must accompany this enrollment form.

STEP #5

By signing below, I agree to all terms and conditions of enrolling in and continued enrollment in the Williamson County Dental program, as such exist on the date of my enrollment as reflected below, and as such may change from time to time, with or without notice to me. I further represent and warrant that all information given by me is accurate, current, and complete to the best of my knowledge. I agree to allow the Williamson County Benefits Department to have the appropriate deductions taken from my paycheck according to my above enrollment options.

Employee's Signature: _____ Date: _____

Effective January 1, 2015 per pay period cost are:

	<u>26 payrolls</u>	<u>24 payrolls</u>	<u>22 payrolls</u>	<u>20 payrolls</u>
Employee Only	\$0.00	\$0.00	\$0.00	\$0.00
Employee and Family	\$7.42	\$8.03	\$8.77	\$9.64