

DENTAL INSURANCE
1-1-2010 OPEN ENROLLMENT APPLICATION

Entire form must be completed. Coverage subject to approval.

NEW ENROLLMENT: Employee Employee & Spouse Employee & Child(ren) Employee, Spouse & Child(ren)

CHANGE: **ADD** (circle one or both) Spouse / Child

TERMINATE (circle all that apply) Employee / Spouse / Child

NOTE: If you are paid biweekly and you pre-tax your premium, coverage will end 11:59 pm on 12-26-09.

Important Notice: If you elect to drop any portion of Dental coverage, you will not have the opportunity to add coverage again unless you do so within 31 days of a qualified change of status event. The UA does not offer an annual open enrollment period.

- I would like to pay on a **pre-tax basis**. I understand that any change I need to make to my dental benefits can only take place within 31 days of a qualifying change of status event, in accordance with Section 125 regulations.
- I would like to pay on a **post-tax basis**.

PART A: EMPLOYEE/SUBSCRIBER INFORMATION:

LAST NAME _____ FIRST _____ INITIAL _____ DATE OF BIRTH ____/____/____
Mo Day Year

HOME ADDRESS _____ APT# _____ PHONE NUMBER (____) _____

CITY _____ STATE _____ ZIP _____ SOC SEC NUMBER _____

MARITAL STATUS: Single Married GENDER: Male Female

DO YOU CURRENTLY HAVE OTHER DENTAL COVERAGE _____ IF YES, COMPLETE THE FOLLOWING:
(Y/N)

POLICYHOLDER'S NAME _____ NAME OF EMPLOYER _____

POLICY# _____ NAME OF CARRIER _____

PART B: DEPENDENT INFORMATION: *List the eligible family members you wish to enroll/add/delete.*

	Last Name	First Name	MI	Social Security Number	Date of Birth (Mo/Day/Year)	Sex (M/F)	Other Coverage? (Y/N)
Spouse							
Child							
Child							
Child							
Child							

EMPLOYEE SIGNATURE: _____ DATE: _____

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

PART C: TO BE COMPLETED BY THE EMPLOYER:

Effective Date: _____ Group # _____

Campus: UAMS