

DENTAL INSURANCE 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

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: _____

Campus: ☐ UAMS ☐ UALR ☐ UAF ☐ UAM ☐ UAPB
☐ UACCB ☐ ASMSA ☐ CES Other: _____

Group#: _____

Applicant's Hire Date _____