Redwood Health Services

# Enrollment Application for Dental Coverage

***Return this form to your employer.***

## Employee Information

| Social Security Number: | Date of Birth: | Date of Hire: | Gender | Coverage |
|---|---|---|---|---|
| | | | ☐ M ☐ F | ☐ Dental |

| Last Name | First Name | MI |
|---|---|---|
| | | |

| Home Address: | | |
|---|---|---|
| City: | State: | Zip Code: |
| Home Phone: | Work Phone: | |
| Mailing Address (if different from home): | | |

## Employer Use Only ☐ Add ☐ Termination ☐ Other

| Group Number | Effective Date | | | Employer (Name of Company) |
|---|---|---|---|---|
| | MONTH | DAY | YEAR | |
| | | | | |

| Employment Status | Date of Hire | | | | COBRA Effective Date: | | |
|---|---|---|---|---|---|---|---|
| ☐ Actively Employed<br>☐ Retired | MONTH | DAY | YEAR | ☐ Initial Enrollment<br>☐ COBRA Continuation<br>☐ 18 months ☐ 36 months | MONTH | DAY | YEAR |
| | | | | | | | |

**List below: All dependents covered by this enrollment. Only your spouse and eligible unmarried dependents may be included.**

| Social Security Number: | Last Name: | First Name: | MI | Relationship | Date of Birth | Gender | FT Student |
|---|---|---|---|---|---|---|---|
| | | | | | | ☐ M ☐ F | ☐ Y ☐ N |
| | | | | | | ☐ M ☐ F | ☐ Y ☐ N |
| | | | | | | ☐ M ☐ F | ☐ Y ☐ N |
| | | | | | | ☐ M ☐ F | ☐ Y ☐ N |
| | | | | | | ☐ M ☐ F | ☐ Y ☐ N |
| | | | | | | ☐ M ☐ F | ☐ Y ☐ N |

**If eligible family members are covered by other dental insurance, please so indicate.**

| Are you or any of your dependents currently covered by another dental plan? ☐ Yes ☐ No | |
|---|---|
| If yes, name of the employee covered on the other policy: | |
| Name(s) of the family member(s) covered on the other policy: | |
| Name of the insurance company: | Name of the employer: |
| Effective date: | SS# of the policyholder: |

*I represent that the above information is true and I hereby authorize payroll deductions from my earnings for any contributions or fees as may be required to maintain my eligibility.*

**Signature:** ______________________________ **Date:** ____________________

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