

# Dental Enrollment Form

**Part 1: Employee Information:**

		Union Code: (Office Use Only)	
Social Security #:		Department:	
Last Name:		Home Address:	
First Name:	M.I.	City:	State:                      Zip:
Date of Hire:	Date of Birth:	Male ____ Female ____	
Effective Date:	Marital Status:		

**Part 2: Plan Selection:** The “cost” amounts listed below are deducted each pay period.

*\*Employees adding dependents and /or selecting an upgraded plan contribute Ch. 78 in addition to the amounts shown.\**

Delta Dental		
Plan	Tier	Cost
Premier 50/50	<input type="checkbox"/> Single	Ch. 78
Preferred 80/20	<input type="checkbox"/> Single	\$4.10
	<input type="checkbox"/> Family	\$31.78
Fixed Co-Pay	<input type="checkbox"/> Single	\$6.77
	<input type="checkbox"/> Employee + 1	\$20.42
	<input type="checkbox"/> Employee + 2 or more	\$40.01
Premier 80/20	<input type="checkbox"/> Single	\$7.47
	<input type="checkbox"/> Family	\$43.25
Enhanced Premier	<input type="checkbox"/> Single	\$11.19
	<input type="checkbox"/> Family	\$55.95

Dental Services Organization (DSO)		
Plan	Tier	Cost
Eastern Dental Management	<input type="checkbox"/> Single	\$5.63
	<input type="checkbox"/> Employee + 1	\$17.98
	<input type="checkbox"/> Employee + 2 or more	\$35.97
Provide your dental center location and site ID number selection from the list of participating Dental Centers provided by DSO/Eastern Dental.		
Dental Center: _____		
Site ID Number: _____		

Delta Dental (Officer Plans)		
Plan	Tier	Cost
County Police Officer	<input type="checkbox"/> Composite	\$14.82
Correction Officer	<input type="checkbox"/> Composite	\$19.35
Sheriff Officer	<input type="checkbox"/> Composite	\$23.79

**Part: 3 Dependent Information:** Each child must be under the age of 23.

Relation	Change Type	Dependent Name (Last Name, First Name MI)	Gender	Date of Birth	Social Security #
Spouse	<input type="checkbox"/> Add <input type="checkbox"/> Remove		<input type="checkbox"/> Male <input type="checkbox"/> Female	___/___/___	
Child	<input type="checkbox"/> Add <input type="checkbox"/> Remove		<input type="checkbox"/> Male <input type="checkbox"/> Female	___/___/___	
Child	<input type="checkbox"/> Add <input type="checkbox"/> Remove		<input type="checkbox"/> Male <input type="checkbox"/> Female	___/___/___	
Child	<input type="checkbox"/> Add <input type="checkbox"/> Remove		<input type="checkbox"/> Male <input type="checkbox"/> Female	___/___/___	
Child	<input type="checkbox"/> Add <input type="checkbox"/> Remove		<input type="checkbox"/> Male <input type="checkbox"/> Female	___/___/___	

**Part: 4 Status Change:**

**Type of Event:**     Marriage    Birth    Divorce    Open Enrollment    Other: \_\_\_\_\_

**Date of Event:** \_\_\_\_\_

\_\_\_\_\_  
EMPLOYEE SIGNATURE

\_\_\_\_\_  
DATE