



Maggie Brooks
County Executive

MONROE COUNTY DENTAL ASSISTANCE PLAN ENROLLMENT/CHANGE FORM

Rev 9/2013

NEW APPLICATION
 CHANGE
 CANCELLATION
 COVERAGE: SINGLE FAMILY
 REASON FOR CHANGE: MARRIAGE
 BIRTH
 DIVORCE
 DEATH
 OTHER _____

Employee Name: _____ Sex: _____
Last First MI
 Address: _____ City: _____ State: _____ Zip: _____
 Birth Date: _____ Social Security #: _____
 Telephone #: _____ Date of hire: _____ SAP ID: _____

Dependents To Be Covered or Canceled (Spouse/Children)

	Name	A/C ^Δ	F/H*	Sex	Birth Date MM/DD/YYYY	Social Security #
(Spouse)	_____	_____	_____	_____	_____	_____
(Child)	_____	_____	_____	_____	_____	_____
(Child)	_____	_____	_____	_____	_____	_____
(Child)	_____	_____	_____	_____	_____	_____
(Child)	_____	_____	_____	_____	_____	_____
(Child)	_____	_____	_____	_____	_____	_____

^Δ Mark **A** if adding coverage for a dependent; Mark **C** if canceling coverage for a dependent.
 * Mark **F** if full-time student aged 19 or over; Mark **H** if handicapped dependent.

NOTE:

- COVERAGE ENDS WHEN THE CHILD REACHES AGE 23 OR IS NO LONGER A FULL TIME STUDENT, WHICHEVER OCCURS FIRST
- IT IS THE EMPLOYEE'S RESPONSIBILITY TO REPORT ANY CHANGES IN STATUS TO THE HR DEPARTMENT
- FAILURE TO REPORT CHANGES MAY RESULT IN CANCELLATION OF BENEFITS

OTHER DENTAL COVERAGE

Do you have ANY other dental insurance coverage for yourself, your spouse, or your dependent children?
 _____ YES _____ NO. If you answered YES, please complete the information below:

If Spouse is Employed:
 Employer's Name: _____
 Employer's Address: _____
 Name and Address of:
 Spouse's Dental Plan Carrier(s): _____
 Group Number(s): _____
 Person(s) Covered: _____

I herby authorize Monroe County to make payroll deductions in the amount approved for the coverage selected.

Employee's Signature: _____ Date: _____

To Be Completed By Employer:

Effective Date: _____ Termination Date: _____
 Employer's Signature: _____ Date: _____

Please return this enrollment/change form to:
Human Resources, Room 210, County Office Building
39 West Main Street
Rochester, NY 14614
 e-mail: hrbenefits@monroecounty.gov