

Johnson City Schools  
Dental Change Form

New Hire  Open Enrollment  Divorce/Legal Separation  Court Order  
 Dependent Child No Longer Eligible  Employee Eligible for Medicare  
 Drop Dependent  
 Qualifying Event-Explanation \_\_\_\_\_

Employee Name (Last, First, Middle Initial): \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Male  Female

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Coverage Type:  Employee Only  Employee+Children  Employee+Spouse  Family

**\*\*\*I understand that if I am electing coverage after my initial hire date I may be subject to the late entrant provision and will have a 12 month waiting period before some services are covered by the plan.**

**It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of coverage. I understand, and agree, that I am applying for coverage and that any contract which may be issued to me will be subject to all terms and conditions of the Group Agreement**

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**If selecting Employee+Children, Employee+Spouse or Family Coverage, please complete your dependent(s) information on the back of this form.**

**\*\*A scanned, imaged or photocopied version of this completely executed form will have the same force and effect as the original document.**

If you are adding a spouse, please include a copy of your marriage certificate. If you are adding dependent children, please include a copy of their birth certificate.

If selecting Employee+Spouse, Employee + Children or Family Coverage, please complete your dependent(s) information:

Spouse Name (Last, First, Middle Initial): \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
\_\_Male \_\_Female

Dependent Name (Last, First, Middle Initial): \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
\_\_Male \_\_Female \_\_Natural Child/Stepchild \_\_Adopted/Legal Guardian \_\_Other \_\_\_\_\_

Dependent Name (Last, First, Middle Initial): \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
\_\_Male \_\_Female \_\_Natural Child/Stepchild \_\_Adopted/Legal Guardian \_\_Other \_\_\_\_\_

Dependent Name (Last, First, Middle Initial): \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
\_\_Male \_\_Female \_\_Natural Child/Stepchild \_\_Adopted/Legal Guardian \_\_Other \_\_\_\_\_

Dependent Name (Last, First, Middle Initial): \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
\_\_Male \_\_Female \_\_Natural Child/Stepchild \_\_Adopted/Legal Guardian \_\_Other \_\_\_\_\_

Dependent Name (Last, First, Middle Initial): \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
\_\_Male \_\_Female \_\_Natural Child/Stepchild \_\_Adopted/Legal Guardian \_\_Other \_\_\_\_\_

Dependent Name (Last, First, Middle Initial): \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
\_\_Male \_\_Female \_\_Natural Child/Stepchild \_\_Adopted/Legal Guardian \_\_Other \_\_\_\_\_

Dependent Name (Last, First, Middle Initial): \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
\_\_Male \_\_Female \_\_Natural Child/Stepchild \_\_Adopted/Legal Guardian \_\_Other \_\_\_\_\_