

## Please indicate the plan(s) and coverage you are electing:

## **DENTAL**

Individual

Family

☐ Two Person

Please ( \( \sqrt{} \) one:

**VISION** Please ( 
one:



☐ Individual ☐ Two Person

☐ Family



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Employee li	nformation (PLEASE	PRINT)		
Social Security #			/ Date of Birth//	
Name (First, Middle Initia	al, Last)		Male 🗆 Female 🗅 C	)ther 🖵
Street Address			Apt.#	
City		State	Zip Code	
Daytime Phone #		Name of Employer		
Department		Job Title		
Spouse/Don	nestic Partner Inf	ormation		
(Please ✓One) Spou	se Domestic Partner*	Date of Marriage/	/ Male 🗅 Female 🗅 Other 🗅	
Name (First, Middle Initi	al, Last)			
Date of Birth		Social Security #		
<b>Dependent</b>	Children Informat	tion (For relationship please ind	icate: Son, Daughter, Child, Step-Child or Othe	r*)
Last Name	First Name	Date of Birth //	M□F□ Other□ Relationship	
Last Name	First Name	/ Date of Birth//	M□F□ Other□ Relationship	
Last Name	First Name	Date of Birth //	M□F□ Other□ Relationship	
Last Name	First Name	Date of Birth //	M□F□ Other□ Relationship	
If you are enrolli	ing in the EBF Member P	Plus Dental Plan please an	swer the following	
Do you and/or your de	pendents have other dental cove	erage available? Please ( 🗸 ) one: 🕚	∕es ☐ No ☐	
If yes, please indicate:	Name of other plan:		Effective Date: / /	
*Important	Information conc	erning dependent	coverage	
			be completed, the CSEA EBF must receive eligibility our domestic partner's social security number on this	s form.
		for the CSEA EBF to require and/or req h Certificate and/or "Certification of Dis	uest additional information which may include verific ability" form.	ation

I certify that the above information is correct and I agree to maintain enrollment for myself and any dependents enrolled for a period of at least 12 months, unless there is a qualifying event. I understand that if I voluntarily terminate coverage at any point I may not be

For a detailed outline of eligibility rules, please refer to your Summary Plan Description or visit our website at www.cseaebf.com

able to re-enroll again at a later date	Detailed information can be found here: www.cseaebf.com/fac
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• In certain instances, a copy of a Marriage Certificate may be requested for proof of eligibility.

Employee Signature	Date	
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