



## DENTAL TRANSACTION FORM Orange County Self-Insured

Last Name	First Name	Middle		
Street Address		Social Security Number		
City	State	Zip		
Date of Birth				
Marital Status: Single    Married    Widowed    Divorced		Date of Marriage/Status		
Decline Coverage		Date of Hire		
Request Individual Enrollment		Request Family Enrollment (complete dependent information)		
Change Name – Previous Name:		Date:		
Change to Individual – Reason:		Date:		
Change to Family – Reason:		Date:		
Add a Dependent – Reason:		Date:		
Remove a Dependent – Reason:		Date:		
<b>List Name of Dependent(s) to be added or removed</b>				
Last Name	First Name	Date of Birth	Relationship	Social Security

Note: Relationship: SP- Spouse; Dtr – Daughter; Son-Son; S/Son – Stepson; S/Dtr – Stepdaughter; L/G Legal Guardianship

Is your spouse employed by Orange County **OR** Orange County Community College?    Yes    No

**YOU MUST PROVIDE PROOF** for all dependents being added to your coverage for the first time; copy of government issued marriage certificate if adding spouse, birth certificate(s), social Security card(s), legal guardianship papers, etc. Remove dependents as soon as they are no longer eligible; you must remove ex-spouse as soon as divorce is final. Copy of the divorce decree (first and last page) and ex-spouse’s current address are required.

I understand that if I am required to make contributions as a result of this request, my employee contributions for the benefit will be take on a pre-tax basis (IRS Section 125) unless I notify RISK Management, in writing, to the contrary.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Department: \_\_\_\_\_

For RISK Use only:

Group No.	Dept No.	Effective Date	Documents on file	O.C.S.I.	EH	EX	EL