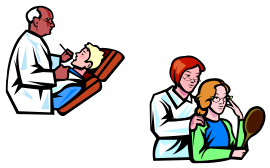
Open Enrollment 2020 **

DENTAL/VISION ENROLLMENT FORM

Orange County Self-Insured



DENTAL	☐ **Family**	☐ **Individual**	☐ **Decline**
VISION	☐ **Family**	☐ **Individual**	☐ **Decline**

Last Name	**First Name**	**MI**

Street Address	**Social Security Number**
City **State** **Zip Code**	**Date of Birth**
Marital Status: ☐ **Single** ☐ **Married** ☐ **Widowed** ☐ **Divorced**	**Date of Marriage**
☐ **Decline Coverage**	**Date of Hire**

☐ **Request Enrollment – Individual** ☐ **Request Enrollment – Family Complete Dependent Information**

☐ **Change Name – Previous Name Was:**	
☐ **Change To Individual - Reason:**	**Date:**
☐ **Change To Family - Reason:**	**Date:**
☐ **Add a dependent - Reason:**	**Date:**
☐ **Remove a dependent - Reason:**	**Date:**

List Name of Dependent(s) to be Added or Removed

Last Name	First Name/ MI	Date of Birth	Relationship	Social Security No.

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 <u>OR</u> Orange County Community College YES ☐ **NO** ☐

YOU MUST PROVIDE PROOF for all dependents being added to your coverage for the first time:
copy of <u>government issued</u> 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 <u>remove</u> ex- spouse as soon as divorce is final.
Copy of the divorce decree (first and last page) and ex- spouse's most recent 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 taken 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