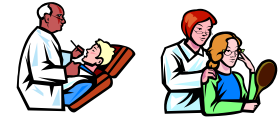




DENTAL/VISION ENROLLMENT FORM

Orange County Self-Insured



DENTAL	<input type="checkbox"/> Family	<input type="checkbox"/> Individual	<input type="checkbox"/> Decline
VISION	<input type="checkbox"/> Family	<input type="checkbox"/> Individual	<input type="checkbox"/> Decline
Last Name		First Name	MI
Street Address		Social Security Number	
City	State	Zip Code	Date of Birth
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced		Date of Marriage	
<input type="checkbox"/> Decline Coverage		Date of Hire	
<input type="checkbox"/> Request Enrollment – Individual		<input type="checkbox"/> Request Enrollment – Family Complete Dependent Information	
<input type="checkbox"/> Change Name – Previous Name Was:			
<input type="checkbox"/> Change To Individual - Reason:		Date:	
<input type="checkbox"/> Change To Family - Reason:		Date:	
<input type="checkbox"/> Add a dependent - Reason:		Date:	
<input type="checkbox"/> 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 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 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