



# DENTAL TRANSACTION FORM

Orange County Self-Insured

\*\*\*\*\*OPTION TRANSFER 2015\*\*\*\*\*

\*\*\*DO NOT USE AFTER NOVEMBER 7, 2014\*\*\*



Last Name		First Name		MI	
Street Address			Social Security Number		
City		State		Zip Code	
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced			Date of Birth		
<input type="checkbox"/> Decline Coverage			Date of Marriage		
<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	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: \_\_\_\_\_

*For Risk Use Only:*

Group No.	Dept No.	Effective Date	Documents on File	125 Status Chg Form