

AETNA DENTAL ENROLLMENT FORM

Return completed form to:
 Human Resources Office – 2nd Floor
 City Hall
 Email: vbrock@daltonga.gov
 Fax: 706-281-1264

City of Dalton

- The applicant must sign and date this form.
- This form cannot be considered unless received during open enrollment period or a family status change.

PART A: EMPLOYER SECTION – employer should complete gray shaded area.

EMPLOYER NAME: City of Dalton **EMPLOYER ADDRESS:** 300 W. Waugh St. Dalton, GA 30720

Account Number: _____ **Division//Location/Class:** _____ **Benefit Option:** _____ **Branch Code:** _____

REASON FOR REQUEST: Open Enrollment New Enrollment Family Status Change...Date and Reason: _____

Please print (preferably in black ink).

PART B: EMPLOYEE SECTION – Employee/Retiree should complete information below and sign form

Mr. Mrs. Ms. (Check One)

Employee Name _____ Social Security # _____ Birthdate _____

Address _____ City _____ State _____ Zip _____

Work Phone _____ Home Phone _____ Employee ID # _____ Sex: M F

Home email: _____ Work email: _____

Important: You must complete each section below.

AETNA Dental Elections

Coverage Elections	Dental High Plan <input type="checkbox"/> Dental Low Plan <input type="checkbox"/> Decline Coverage <input type="checkbox"/>
---------------------------	--

DEPENDENT INFORMATION							
<i>I would like coverage for me and my dependents(specify last name if different from yours):</i>	Name:	Employee and Dependent Social Security Number:	Date of Birth:	Gender: M or F	Add	Drop	Full Time Student: Yes or No
Spouse:							
Dependent:							
Dependent:							
Dependent:							
Dependent:							

ACCEPTANCE/DECLINATION

I accept the insurance coverages elected above. If premiums are to be paid by payroll, I authorize my employer to deduct the necessary amounts from my earnings. If I have not elected coverage, I understand that if I wish to participate at a later date, I may be required to furnish evidence of insurability at my own expense and that coverage is subject to the insurance company's approval.

Employee Signature: _____ Date _____

Employer Signature: _____ Date _____