



Anthem Dental
Complete Enrollment
Department PO Box 27401
Richmond, VA 23279

EMPLOYEE OR RETIREE

Dental Membership Enrollment Form

____ PREMIUM OR ____ *CORE

*does not include Orthodontia

Part A – RETIREE INFORMATION – complete Parts A thru D and return form to benefits administrator.

Name: LAST FIRST MIDDLE INITIAL		Social Security Number ____ / ____ / ____	
Gender: Male Female	Marital Status: Single Married Widowed Divorced Legally Separated	Date of Birth (Month-Day-Year) ____ / ____ / ____	
Retiree's Address:	Address		Home Phone Number
	City State Zip Code		Cell Phone Number

Part B – ENROLLMENT INFORMATION

Select Coverage Type (Check One Box Only):

____ Retiree Only Retiree and Dependent Child(ren) - Must be < 26 yrs of age at time of enrollment
____ Retiree and Spouse Retiree and Family

Part C – DEPENDENT INFORMATION

Relationship to Retiree	First Name, Middle Initial, Last Name (Include Last name Only if Different From Retiree's)	Gender	Date of Birth Month/Day/Year	Student Status	SS#
Spouse		M F	____ / ____ / ____	Yes No	
Dependent Child		M F	____ / ____ / ____	Yes No	
Dependent Child		M F	____ / ____ / ____	Yes No	
Dependent Child		M F	____ / ____ / ____	Yes No	

Part D – Other coverage disclosure, pre-tax or post-tax election and Retiree Signature

Attach sheet for additional dependents

Do you have other dental coverage? ____ Yes ____ No

Do your dependents have other dental coverage? ____ Yes ____ No

Name of Carrier: _____ Policy/Identification Number: _____

____ I am enrolling myself and/or my dependents and authorize payroll deductions, if applicable. I have read, or have had read to me, the completed application and I realize that any false statement or misrepresentation in the application may result in a loss of coverage under the policy.

Stafford County Public Schools participates in the ***IRS Section 125 regulations** that governs Cafeteria plans. A cafeteria plan is a separate written plan maintained by an employer for employees that meets the specific requirements and regulation for Section 125 of the Internal Revenue code. It provides participants an opportunity to receive certain benefits on a pretax basis.

Signature: _____

Date: _____

PART E - GROUP ENROLLMENT INFORMATION - THIS PART TO BE COMPLETED BY EMPLOYER

Coverage effective date is based on first available payroll after hire date, Open Enrollment effective date or life event (30 day IRS Section 125 limitation). Retiree subject to effective date based on Retirement date or Open Enrollment effective date.

Hire Retirement Date: ____ / ____ / ____

Group # 048144- _____

Coverage effective date: ____ / __01____ / ____

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