The University of Georgia
Dental Insurance

**APPLICANT’S NAME**

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<th>Last</th>
<th>First</th>
<th>MI</th>
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**Assigned 9-digit employee ID (81x) #** (UGA HR to complete)

<table>
<thead>
<tr>
<th>Current/former UGA dental-insured employee’s 9-digit employee ID (81x) #</th>
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</thead>
</table>

**Daytime phone (include area code)**

**Email address**

**Check coverage change you wish to make (indicate reason at right):**

- Individual
- Individual + child
- Individual + spouse/domestic partner
- Family
- Cancel coverage
- Other

Reason for change in coverage and date of qualifying event:

- You must submit appropriate documentation to support the change, with the exception of “dependent no longer eligible.”
- Open enrollment (no “date of event” needed)
- Change in your spouse’s/domestic partner’s employment status
- Marriage
- Divorce
- Birth/adoption of dependent
- Death of dependent
- Dependent no longer eligible
- Other

Below, complete the information requested for any individuals being added or deleted.

If the applicant is a dependent of the current/former dental-insured UGA employee, complete the information below.

**Name of current/former UGA dental-insured employee**

**Relationship of applicant to current/former UGA employee**

Signatures required

Date signed

Send this completed form to:

Employee Benefits
Human Resources Bldg.
215 S. Jackson St.
Athens, GA 30602-4133

**DATE OF EVENT**

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<thead>
<tr>
<th>Mo.</th>
<th>Day</th>
<th>Year</th>
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If adding or deleting dependents or spouse/domestic partner, enter ONLY the information pertaining to the individuals being added or deleted.

<table>
<thead>
<tr>
<th>Add</th>
<th>Delete</th>
<th>Last name</th>
<th>First name</th>
<th>Gender</th>
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<tbody>
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<td>MALE</td>
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</tbody>
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<tr>
<th>Complete if child is over 19</th>
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<tr>
<td>MALE</td>
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<table>
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<tr>
<th>Children</th>
<th>Complete if child is over 19</th>
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<tr>
<td>MALE</td>
<td>FEMALE</td>
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Information regarding the University System of Georgia dental plan benefits is available at: http://www.usg.edu/hr/benefits/dental_insurance

*Complete an “Application for Unmarried Dependent Student” form for children over age 19, available at: http://www.hr.uga.edu/benefits-forms

Revised 1/24/14