Dental Benefits Enrollment Form

Simple
2810 Premiere Pkwy, Ste 400
Duluth, GA 30097
Email to: simpleelig@covenantservicesgroup.com
Fax: (888) 308-6009
Phone: (800) 270-4158

COMPLETE ALL APPLICABLE PARTS OF THIS FORM (Please Print)

Part A – Employee Information

Employee's Name

Last _____ First _____ MI _____ Social Security Number _____

Sex: ☐ Male ☐ Female

Birthdate _____

Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Other

Home Address: _____

_____
City State Zip Code

Home Phone Number: _____ Work Phone Number: _____

Part B – Enrollment Information

Choose coverage type (check one box only):

☐ Employee Only
☐ Family ☐ Waive Coverage

Part C – Dependents – complete only if you are choosing dependent coverage.

Relationship	First, Middle, Last Name	Sex	Date of Birth	Social Security #
Spouse	_____	☐ M ☐ F	_____	_____
Child	_____	☐ M ☐ F	_____	_____
Child	_____	☐ M ☐ F	_____	_____
Child	_____	☐ M ☐ F	_____	_____
Child	_____	☐ M ☐ F	_____	_____

Part D - Signature Box I choose the coverage indicated on this form and authorize payroll deduction where applicable.

Signature: _____ **Date:**_____

This Part to be completed by Employer only

Indicate reason the employee is applying

☐ New Group
☐ New Hire & Hire date _____
☐ COBRA beginning _____
☐ Benefit Change
☐ Address Change
☐ Termination – date _____
☐ Reinstatement – date _____
☐ Previously Waived Coverage
☐ Add Dependent
☐ Terminate Dependent(s):

Coverage Effective Date _____
_____

Group Name: Red Lake Public Schools **Group #: S174**

INSTRUCTIONS FOR COMPLETION

EMPLOYEE

1. Type or print firmly with pen.

2. Complete Part A. Part B. Part C. and Part D.

- If you are waiving benefits, complete Part A. Part B. and Part D.

3. Sign and date the form in the Signature Box.

4. Review the form to ensure you have provided all necessary information. This form will be returned to you and may delay your enrollment if information is missing.

5. Return the fully completed form to your benefit administrator.

EMPLOYER

1. Assist employees to ensure they complete the Membership Enrollment Form completely, accurately and timely.

2. Complete the employer section on the bottom of the form being sure to identify Location, if applicable.

3. Calculate the effective date in accordance with your company's probationary period.

4. Email or Fax to Simple Eligibility Department as noted in the upper right hand corner of the form.

5. For eligibility changes to be reflected on the next billing, changes need to be received by Simple by the 15th calendar day of the month.

6. For questions or additional Membership Enrollment Forms, please contact Simple at (800) 270-4158.