RETIREE GROUP DENTAL INSURANCE APPLICATION

❒ New Retiree Enrollment ❒ Change Enrollment Options	❒ Employee Only ❒ Family

Dental Choice

❒ Preventive Only ❒ Preventive & Optional

Employee Information

Agency Name(s) and Number(s) Retiring From		Date of Birth	Gender ❒ Male ❒ Female
Employee Name First MI Last		Social Security Number	Marital Status ❒ Single ❒ Married
Address	City State Zip Code		
Retirement Date	Home Phone Number	Other Telephone Number	

Enrollment Information

Relationship	Family Member's Name First MI Last	Date of Birth	Sex	Social Security Number	**Group Insurance Use Only** (Effective Date)
Spouse					
Child					
Child					
Child					
Child					
** Include proof of full time student status for each dependent child age 19 – 25.					

I hereby accept the Group Dental Plan as indicated above and authorize any required employee contributions to be deducted from my earnings through payroll deduction until cancellation of the coverage as outlined in the benefit plan booklet. I accept the responsibility of notifying the Employees' Group Insurance office of any changes for myself, my spouse or dependents that would affect eligibility for coverage, premium amounts or payments. Under the penalty of perjury, I declare that the information I have furnished, to the best of my knowledge and belief, is true, correct and complete.

Signature: _____ Date: _____

Decline or Withdrawal of Coverage

Please indicate reason for dropping coverage

Relationship	Family Member's Name	Date of Birth	Is this individual covered with an employer group elsewhere? Yes	No	**Group Insurance Use Only** (Effective Date)
Employee					
Spouse					
Child					
Child					
Child					

I have been given an opportunity to participate in the Group Dental Plan with the State of Wyoming Group Insurance Program. The benefits have been explained to me and I understand that if I delay in enrolling until after the initial period of eligibility, I and/or my dependents will not be able to enroll at a later date.

Signature: _____ Date: _____

	EGI Receipt :

Incomplete forms may delay the processing of your application.

Rev. 4/23/08

Preventive Dental Coverage - The premium for dental is only single or family, so even with just an employee and spouse, it is still considered family. Preventive dental covers two cleanings per year (separated by at least 5 months) and certain x-rays. The preventive has no deductible and services are covered at 100%. PLEASE SEE PLAN BOOKLET FOR COMPLETE ELIGIBILITY AND BENEFITS.

Optional Dental Coverage - Optional dental covers restorative or corrective work such as cavities, crowns etc. There is a $50 deductible per person with a maximum $100 deductible per family. After the deductible, the benefits are paid at 50% (of maximum allowable cost) for both basic and major services. There is a limit to the benefits paid, which is $1,500 per person per calendar year. If a retiree declines or withdraws from coverage, they will not be able to re-enroll. PLEASE SEE PLAN BOOKLET FOR COMPLETE ELIGIBILITY AND BENEFITS.

Student Status (19 years - 25 years) - Please see your plan booklet for complete details on dependent eligibility. Once a child turns 19, Employees' Group Insurance requires verification that the student is enrolled as a full time student in high school, an accredited college or trade school to remain covered. The verification must indicate the student's name, the semester and year enrolled, and that the student is attending full time as defined by the school. When proper verification has been provided for the spring semester, Employees' Group Insurance will update the student's eligibility (coverage) through August 31st of that year. Once verification of the fall semester has been provided, the student's eligibility will be updated through December 31st of that year. If at any point a student stops attending school full time, coverage would end at the end of the month that the student attended school full-time, as long as the student is less than 25 years old at the beginning of that month. Employees' Group Insurance must receive the verification every semester that the student is enrolled in school full-time, or coverage will be terminated. Coverage for a student ends the last day of the month in which they turn 25 regardless of their student status.

Signature Line - There are two signature lines on the applications, one to accept coverage and one to decline or waive coverage. Please do not sign both.

Please contact Employees' Group Insurance at 800-891-9241 or 307-777-6835 if you have any questions.

Return completed form to: Employees' Group Insurance
2001 Capitol Avenue – Room 106
Cheyenne, WY 82002