



Office Use Only
Effective Date
(BGA-)

Voluntary Dental Plan Enrollment Form 2019 Benefit Eligible Groups Only

Complete this form ONLY if you do not enroll in a WSU medical plan. Must be completed in full. Incomplete forms may delay benefit processing.

Employee Name (Last, First) <i>Please print</i>	Banner ID	Access ID	Date of Birth
Street Address	City	State	Zip
Date of Hire	Work Phone	Home Phone	Email

Please Check One: Single 2-Person Family

Dependent Information: Please provide requested information for self and each dependent you wish to cover. Only eligible dependents may be enrolled. All information for dependents such as Social Security Number and Date of Birth must be provided. The University reserves the right to request additional documentation to verify eligibility of all dependents. List only eligible dependents that you are enrolling. Dependent eligibility rules are the same as Wayne State University's medical plan.

Last Name	First Name	Sex (M/F)	DOB (M/D/Y)	Relation Code*	Social Security Number	Check One to Add or Terminate		Office Use Only
						Add	Terminate	
(Self)								

* **Relation Code:** S=Employee M=Spouse C=Child H=Handicapped Dependent O=Other Eligible Person

Your Authorization:

*I authorize **bi-weekly** deductions for dental plan coverage based on the rates listed below:*

	12 Month		9 Month
Single	\$15.73 per pay period	Single	\$20.97 per pay period
Two Person	\$31.24 per pay period	Two Person	\$41.65 per pay period
Family	\$56.78 per pay period	Family	\$75.71 per pay period

I hereby certify that the above named dependent(s) meet the eligibility requirements of Wayne State University policy. I understand that the rates for these plans will be deducted from my paycheck and I will be responsible for any retro premiums and that any changes to your plan enrollment is subject to IRC Section 125 (<http://wayne.edu/hr/tcw/health-welfare/section125-changes.pdf>). I understand I cannot cancel for a 12 month period based upon my enrollment date.

Employee Signature

Date

Please return to: HR Service Center, 5700 Cass Ave., Suite 3638, Detroit, MI 48202; Fax: 313-577-0637