Dental Plan Enrollment Form

Retirees & LTD Recipients

To Enroll, Change or Terminate Coverage

Name (Last, First) *Please print*	Banner ID	Social Security Number	Date of Birth

Street Address	City	State	Zip

Please check to enroll in: ☐ Delta Dental Group #5989

Dependent Information: List eligible dependents that you are enrolling or terminating. All information for dependents such as Social Security Number, Date of Birth, and dependent supporting documentation must be provided, otherwise they will not be enrolled. See dependent supporting documentation requirements: hr.wayne.edu/tcw/health-welfare/dependent-supporting-documentation.pdf.

Last Name	First Name	Social Security Number	Sex (M/F)	Date of Birth	Relation Code*	Check Box to Add or Terminate Dental	
						Add	Terminate
(Self)					S	☐	☐
						☐	☐
						☐	☐
						☐	☐
						☐	☐

***Relation Code:** S=Employee, M=Spouse, C=Child, O=Sponsored Dependent, H=Disabled Dependent, P=Other Eligible Person

Retiree dental plan rates are listed here: hr.wayne.edu/tcw/health-welfare/medical-rates.

I hereby certify that the information listed above is correct to the best of my knowledge. I understand that the university may ask me to provide evidence that the dependent eligibility requirements are being met. I understand I am responsible for payment of the dental insurance premiums based on the current rates and any future rate increases. Once I elect Delta Dental coverage, I understand that I cannot cancel for a 12-month period based upon my enrollment date. I understand my dental contract will be renewed annually and the rates for this plan will be negotiated between WSU and Delta Dental. I understand my coverage will be renewed automatically each year. I may only cancel during the annual Open Enrollment period.

I authorize the release of the information listed above to the insurance plan I have selected for the purpose of obtaining coverage. The information will be provided to the insurance plan in electronic format.

Signature	Date

Attach required documentation and return to:
HR Service Center, 5700 Cass Ave., Suite 3638, Detroit, MI 48202; Fax: 313-577-0637; E-mail: askhr@wayne.edu. Use your WSU E-mail and include "#SECURE" in the subject line to ensure your personal information is encrypted.