

UAH DENTAL ENROLLMENT/CHANGE/DROP FORM

MetLife

Metropolitan Life Insurance Company, New York, NY

THIS SECTION TO BE COMPLETED BY EMPLOYEE

Name (print): First Middle Last Social Security No.

Date of Birth: ___/___/___ Male Female Marital Status: ___ Single ___ Married ___ Widowed ___ Divorced

Address: Street City State Zip Code

Email Address: Phone No. (include Area Code)

COVERAGE REQUEST

I HAVE RECEIVED AND READ A COPY OF THE ANNOUNCEMENT OF THE GROUP PLAN. MY CHOICE OF COVERAGE IS:

DROP COVERAGE: EFFECTIVE DATE: REASON:

CHANGE COVERAGE: FROM TO: REASON:

ENROLL:

BASIC COVERAGE

COMPREHENSIVE COVERAGE

___ SINGLE

___ SINGLE

___ FAMILY

___ FAMILY

If applying for family coverage, complete section below. Dependents covered:

Name Date of Birth Sex (M/F) Social Security No.

Spouse: ___/___/___

Child(ren): ___/___/___

___/___/___

___/___/___

___/___/___

If dependent children are full-time students in college, vocational or trade school, please complete:

Child(ren) Name of School

DECLARATION SECTION

By signing below I declare that all the information given in this enrollment form is true and complete to the best of my knowledge. I authorize my employer to deduct the required contributions from my pay for the coverage requested. This authorization applies to such coverage for at least this complete contract year. Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent act, which is a crime and subjects such person to criminal and civil penalties.

EMPLOYEE SIGNATURE

PRINT NAME

DATE

THIS SECTION TO BE COMPLETED BY EMPLOYER

Name of Employer: THE UNIVERSITY OF ALABAMA IN HUNTSVILLE

Employer's Street Address: 102 Shelbie King Hall, Huntsville, AL 35899 - Group Report No: 98051 Div: 004

Date of Hire (Mo/Day/Yr) Coverage Effective Date Mo/Day/Yr

Reason for Enrollment/Change: New Hire Family Status Change Termination/Cancel Date