



HERRICKS PUBLIC SCHOOLS

Education Today
Knowledge Forever

Benefits Department
516-305-8922

Contributory Dental Enrollment Cards

Those hired as a full-time administrator, teacher, teaching assistants, clerical, custodian, cleaners, maintenance, and groundskeeper may be eligible for Dental Insurance. If you are interested in enrolling for dental insurance complete the Dental Enrollment cards (2) below. Please circle the option plan Basic or Enhanced.

J. J. STANIS and COMPANY, INC.

377 Oak Street • Suite 406
Garden City • New York 11530

CONTRIBUTORY DENTAL ENROLLMENT CARD (Please Print All Information)

Phone: (516) 465-3900
Fax: (516) 465-3920

POLICY HOLDER: _____ OCCUPATION: _____
INSURED NAME: (LAST) _____ (FIRST) _____
HOME ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
DATE OF BIRTH: _____ SEX: ☐ MALE ☐ FEMALE
SOCIAL SECURITY NUMBER: _____ DATE OF EMPLOYMENT: _____
ANNUAL SALARY: _____ HOURS WORKED WEEKLY: _____
MARITAL STATUS: ☐ SINGLE ☐ MARRIED ☐ WIDOWED ☐ DIVORCED ☐ SEPARATED

INFORMATION FOR DEPENDENTS

Do you now have eligible dependents? ☐ Yes ☐ No If yes, are they to be included in this plan? ☐ Yes ☐ No (If yes, please list your dependents below.)

FIRST NAME	DATE OF BIRTH MO DAY YR		FIRST NAME	DATE OF BIRTH MO DAY YR	
		<input type="checkbox"/> SPOUSE			<input type="checkbox"/> CHILD
		<input type="checkbox"/> CHILD			<input type="checkbox"/> CHILD
		<input type="checkbox"/> CHILD			<input type="checkbox"/> CHILD

I AM APPLYING FOR ☐ INDIVIDUAL OR ☐ FAMILY COVERAGE / DATE OF MARRIAGE _____

☐ REQUEST TO PARTICIPATE (CHECK ONE)

I hereby request the policy holder to arrange to issuance of group insurance to which I am entitled, or to which I may be entitled, and I authorize my employer to make the periodic deductions, as applicable, from my earnings as my contributions toward the cost of insurance.

Signed _____
Signature of Employee

Date _____

Reason for refusing coverage: _____

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BASIC OR ENHANCED
PLEASE CIRCLE OPTION

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