

HERRICKS PUBLIC SCHOOLS

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.

377 Oak Street · Suite 406 Garden City · New York 11530	ENROLLMENT CARD Fax: (516) 465-3920 (Please Print All Information)
	OCCUPATION:
NSURED NAME: (LAST)	(FIRST)::::::::::::::::::::::::::::::::::::
IOME ADDRESS:	CITY:STATE:ZIP:
DATE OF BIRTH:	SEX: MALE FEMALE
SOCIAL SECURITY NUMBER:	DATE OF EMPLOYMENT:
NNUAL SALARY:	HOURS WORKED WEEKLY:
MARITAL STATUS: SINGLE MARRIED	☐ WIDOWED ☐ DIVORCED ☐ SEPARATED
INFORMATIO o you now have eligible dependents? Yes No If yes, are they to	ON FOR DEPENDENTS be included in this plan? Yes No (If yes, please list your dependents below
FIRST NAME MO DAY YR	DATE OF BIRTH
MO DAY YR	FIRST NAME MO DAY YR
I I I I I I I I I I I I I I I I I I I	, , DCHILD
L L CHILD	Д 1 1 ДСНІСО
AM APPLYING FOR INDIVIDUAL OR IN FAMILY C	OVERAGE / DATE OF MARRIAGE
uthorize my employer to make the periodic deductions, as applicable, om my earnings as my contributions toward the cost of insurance. Igned	BASIC OR ENHANCED PLEASE CIRCLE OPTION D.
377 Oak Street · Suite 406 Garden City · New York 11530 POLICY HOLDER: NSURED NAME: (LAST) HOME ADDRESS: DATE OF BIRTH: SOCIAL SECURITY NUMBER:	ENROLLMENT CARD (Please Print All Information) OCCUPATION: (FIRST) CITY: STATE: ZIP: SEX: MALE FEMALE DATE OF EMPLOYMENT:
377 Oak Street · Suite 406 Garden City · New York 11530 POLICY HOLDER: NSURED NAME: (LAST) HOME ADDRESS: DATE OF BIRTH: SOCIAL SECURITY NUMBER: ANNUAL SALARY: MARITAL STATUS: SINGLE MARRIED	ENROLLMENT CARD (Please Print All Information) OCCUPATION: (FIRST) CITY: SEX:
377 Oak Street · Suite 406 Garden City · New York 11530 POLICY HOLDER: NSURED NAME: (LAST) HOME ADDRESS: DATE OF BIRTH: SOCIAL SECURITY NUMBER: ANNUAL SALARY: MARITAL STATUS:	ENROLLMENT CARD (Please Print All Information) OCCUPATION: (FIRST) CITY: SEX: MALE FEMALE DATE OF EMPLOYMENT: HOURS WORKED WEEKLY: ON FOR DEPENDENTS
377 Oak Street · Suite 406 Garden City · New York 11530 POLICY HOLDER: INSURED NAME: (LAST) HOME ADDRESS: DATE OF BIRTH: SOCIAL SECURITY NUMBER: ANNUAL SALARY: MARITAL STATUS: SINGLE MARRIED INFORMATIC DO you now have eligible dependents? Yes No If yes, are they to	ENROLLMENT CARD (Please Print All Information) OCCUPATION: (FIRST) CITY: STATE: ZIP: SEX: MALE DATE OF EMPLOYMENT: HOURS WORKED WEEKLY: WIDOWED DIVORCED SEPARATED ON FOR DEPENDENTS be included in this plan? Yes No (If yes, please list your dependents below
Garden City · New York 11530 POLICY HOLDER: INSURED NAME: (LAST)	ENROLLMENT CARD (Please Print All Information) OCCUPATION: (FIRST) CITY: STATE: ZIP: SEX: MALE DATE OF EMPLOYMENT: HOURS WORKED WEEKLY: WIDOWED DIVORCED SEPARATED ON FOR DEPENDENTS be included in this plan? PATE OF BIRTH MO DAY YR
377 Oak Street · Suite 406 Garden City · New York 11530 POLICY HOLDER: INSURED NAME: (LAST) HOME ADDRESS: DATE OF BIRTH: SOCIAL SECURITY NUMBER: ANNUAL SALARY: MARITAL STATUS: SINGLE MARRIED INFORMATIC DO you now have eligible dependents? Yes No If yes, are they to	ENROLLMENT CARD (Please Print All Information) OCCUPATION: (FIRST) GITY: SEX: MALE DATE OF EMPLOYMENT: HOURS WORKED WEEKLY: WIDOWED DIVORCED SEPARATED ON FOR DEPENDENTS be included in this plan? PATE OF BIRTH MO DAY FIRST NAME DATE OF BIRTH MO DAY PATE OF BIRTH MO DAY CHILD
377 Oak Street · Suite 406 Garden City · New York 11530 POLICY HOLDER: NSURED NAME: (LAST)	ENROLLMENT CARD (Please Print All Information) OCCUPATION: (FIRST) CITY: SEX: MALE DATE OF EMPLOYMENT: HOURS WORKED WEEKLY: WIDOWED ON FOR DEPENDENTS be included in this plan? PATE OF BIRTH MO DATE
377 Oak Street · Suite 406 Garden City · New York 11530 POLICY HOLDER: NSURED NAME: (LAST) HOME ADDRESS: DATE OF BIRTH: BOCIAL SECURITY NUMBER: ANNUAL SALARY: MARITAL STATUS: SINGLE MARRIED INFORMATIC Do you now have eligible dependents? Yes No If yes, are they to FIRST NAME DATE OF BIRTH MO DAY YR DATE OF BIRTH MO DAY YR SPOUSE	ENROLLMENT CARD (Please Print All Information) OCCUPATION: (FIRST) CITY: SEX: MALE DATE OF EMPLOYMENT: HOURS WORKED WEEKLY: WIDOWED DIVORCED SEPARATED ON FOR DEPENDENTS be included in this plan? PATE OF BIRTH MO DAY YR CHILD
377 Oak Street · Suite 406 Garden City · New York 11530 POLICY HOLDER: INSURED NAME: (LAST)	ENROLLMENT CARD (Please Print All Information) OCCUPATION: (FIRST) CITY: STATE: ZIP: SEX: MALE DEFEMALE DATE OF EMPLOYMENT: HOURS WORKED WEEKLY: WIDOWED DIVORCED SEPARATED ON FOR DEPENDENTS De included in this plan? Yes No (If yes, please list your dependents below FIRST NAME DATE OF BIRTH MO DAY YR OCCUPATION: COVERAGE / DATE OF MARRIAGE Reason for refusion coverage: Ido BASIC OR ENHANCED emple EASE CIRCLE OPTION the plan
377 Oak Street · Suite 406 Garden City · New York 11530 POLICY HOLDER: INSURED NAME: (LAST)	ENROLLMENT CARD (Please Print All Information) OCCUPATION: (FIRST) CITY: STATE: ZIP: SEX: MALE DATE OF EMPLOYMENT: HOURS WORKED WEEKLY: WIDOWED DIVORCED SEPARATED ON FOR DEPENDENTS De included in this plan? FIRST NAME DATE OF BIRTH MO DAY TYR DATE OF BIRTH MO DAY TYR COVERAGE / DATE OF MARRIAGE Reason for refusion goverage: Reason for refusion goverage: COVERAGE / DATE OF MARRIAGE Reason for refusion goverage: BASIC OR ENHANCED Emplease Its your dependents below COVERAGE / DATE OF MARRIAGE