

Dental Enrollment Form



EPISCOPAL CHURCH IN CONNECTICUT
PARTICIPATING IN GOD'S MISSION



Name of Employer

Effective Date of Coverage

General Information - THIS SECTION MUST BE COMPLETED

Last Name

First Name

Middle Initial

Street Address

Address 2

State

Zip Code

Primary Phone Number

Hire Date

Type of Coverage

Marital Status

Social Security Number

Date of Birth

All exempt and regular non-exempt employees who work at 1,000- 1,499 hours per year are offered Medical and Dental Benefits with 100% of premiums borne to the employee. All exempt and regular non-exempt employees that work 1,500 hours or more per year can enroll in benefits and a portion of the premium is borne to ECCT as described in separate materials, available from the Benefits Administrator.

Dependents

Last Name	First Name	Date of Birth	Full Time Student
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Last Name	First Name	Date of Birth	Full Time Student
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Last Name	First Name	Date of Birth	Full Time Student
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Last Name	First Name	Date of Birth	Full Time Student
<input type="text"/>	<input type="text"/>	<input type="text"/>	

I hereby represent that all information furnished is true and complete to the best of my knowledge and authorize my employer to make any required deduction from my wages.

Subscriber Signature / Date Signed

Employer Signature / Date Signed
