# Medical and Dental Enrollment/Change Form

**EVENT TYPE**
This form needs to be submitted within 30 days of your date of hire or life event. The update in insurance will take effect on the day of the life event.

- ☐ New Hire/Rehire
- ☐ Marriage
- ☐ Birth/adoption
- ☐ Divorce
- ☐ Loss/Gain other coverage
- ☐ Update Personal Information (complete PERSONAL section)

**Life Event (please check one) / Life Event Date:**

- ☐ New Hire/Rehire
- ☐ Marriage
- ☐ Birth/adoption
- ☐ Divorce
- ☐ Loss/Gain other coverage
- ☐ Update Personal Information (complete PERSONAL section)

**EMPLOYEE INFORMATION**

<table>
<thead>
<tr>
<th>Name (Last, First)</th>
<th>A-Number</th>
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<tbody>
<tr>
<td>Gender</td>
<td>Birthdate</td>
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<tr>
<td>Address, City, State, Zip</td>
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<tr>
<td>Email Address</td>
<td>Phone</td>
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**Dual Coverage**

Do you have a spouse that is an employee of USU and you are electing a DUAL medical & dental plan? (If you are electing a DUAL plan please make sure to list your spouse’s information, including A# below)

- Yes/No

**Medical Coverage**

- Choice High Deductible Health Plan (HDHP) (not eligible for DUAL)
- Wellness Plan (White Plan)
- High Premium Plan (Blue Plan)
- WAIVE MEDICAL COVERAGE

**Network Selection**

- Preferred ValueCare (PVC) Network
- Participation (PAR) Network

**Medical Coverage - Level Election**

- Employee Only
- Employee + 1
- Employee + 2 or more

**Coordination of Benefits** – Will you or your dependents have other insurance while on the USU plan?

- Yes, Medical insurance
- Yes, Dental insurance
- No other Medical or Dental insurance

**Dental Coverage – Level election**

- Employee Only
- Employee + 1
- Employee + 2 or more

**WAIVE DENTAL COVERAGE**

**Dependents**

*Please provide proof of the relationship between the employee and dependent(s) listed below (e.g. birth certificate, marriage certificate or adoption documents.)*

<table>
<thead>
<tr>
<th>Name</th>
<th>Gender</th>
<th>Birthdate</th>
<th>Social Security Number</th>
<th>A#</th>
<th>Relationship*</th>
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**Signature:** ___________________________  **Date:** ____________

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*rev 10/05/17*