

**GROUP DENTAL BENEFIT PLAN ENROLLMENT FORM**

- New Employee       COBRA  
 Open Enrollment       Change (complete change section on reverse side)

CoreSource, Inc.  
5200 Upper Metro Pl #300  
Dublin, OH 43017

<b>Employer Name</b> Athens County School Consortium		<b>Employee Job Location</b> Nelsonville-York City School District	
<b>Employee Start Date</b>	<b>Hours Worked Weekly</b>	<b>Job Title</b>	

<b>Social Security Number</b>			
<b>Last Name</b>	<b>First Name</b>	<b>Middle Initial</b>	
<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Date of Birth</b>	<b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Marital Status</b> <input type="checkbox"/> Married <input type="checkbox"/> Single	<b>Telephone Number</b>

Do you or any family member currently have dental coverage?     Yes, Single     Yes, Family     No

If yes to the above quest, complete the following:    Person's Name: \_\_\_\_\_

Employer Name: \_\_\_\_\_    Carrier Name: \_\_\_\_\_    Plan Number: \_\_\_\_\_

**Dental Plan Election:**

Employee Only

Family

Waive

**COMPLETE THIS SECTION IF ELECTING FAMILY COVERAGE:**

Last Name	First Name	MI	SSN	Date of Birth	Gender	Relationship
_____	_____	_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	Spouse
_____	_____	_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____
_____	_____	_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____
_____	_____	_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____
_____	_____	_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____
_____	_____	_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____
_____	_____	_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____
_____	_____	_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____

Any person who knowingly and with intent to defraud, files a statement containing any materially false information or conceals, for the purpose of misleading information concerning any fact material thereto, commits fraud which is a crime.

