



CLACKAMAS COUNTY DENTAL ENROLLMENT APPLICATION

601 S.W. Second Avenue
Portland, OR, 97204
(503) 228-6554

- ☐ NEW ENROLLMENT
☐ OPEN ENROLLMENT
☐ CHANGE IN ENROLLMENT

- PLAN CHOICE**
☐ INCENTIVE PLAN
☐ PREVENTIVE PLAN
☐ 50% PLAN

Hire Date: _____

☐ Change of Address

☐ Name Change

☐ Add Family Members (List Names Below)

- ☐ Marriage Date: _____
☐ Birth of Child/Adoption Date: _____
☐ Domestic Partnership Date: _____
☐ Eligible Student Date: _____

☐ Drop Family Members (List Names Below)

- ☐ Divorce Date: _____
☐ Death Date: _____
☐ Domestic Partnership Date: _____
☐ No Longer Eligible Date: _____

☐ Other Reason/Comments

EMPLOYEE INFORMATION

EMPLOYEE NAME (Last, First MI)	DEPARTMENT/DIVISION	EMPLOYEE ID
STREET ADDRESS		SOCIAL SECURITY
CITY, STATE, ZIP		BIRTH DATE

FAMILY MEMBERS (Attach additional sheet if necessary.)

Name (Last, First, MI)	Relationship	Gender	Social Security Number	Birth Date

OTHER COVERAGE

Will you or any of your dependents have coverage under another group dental plan? ☐ No ☐ Yes If yes, complete the following:

Insured: _____ Insurance Company: _____

Group # _____ Subscriber # _____ Effective Date _____

Employee Signature

Date

RISK & BENEFITS USE ONLY

Group No.: 10000174	SubGroup No.: 000	Class No.: 000	Effective Date:
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