

FOR OFFICE USE ONLY

Date of Hire: _____ Effective Date: _____ Date Submitted: _____

Upon completion of form,
turn into the Finance Department
(City Hall, Room 208)



City of Kenosha Dental Enrollment Form

EMPLOYEE INFORMATION: NEW COVERAGE REQUEST FOR CHANGE TERMINATION OF COVERAGE **DECLINE DENTAL COVERAGE**

<i>Last Name, First Name, Middle Initial</i>	<i>Social Security #</i>	<i>Date of Birth</i>	<i>Sex</i>
<i>Home Address</i>	<i>City, State, Zip Code</i>	<i>Home Phone #</i>	<i>Work Phone #</i>
<input type="radio"/> Single <input type="radio"/> Widowed <input type="radio"/> Single Plan <input type="radio"/> Hire Date: _____ <input type="radio"/> Married <input type="radio"/> Divorced <input type="radio"/> Family Plan <input type="radio"/> Department: _____		<i>You MUST fill out the form completely, including choosing a dental location, and return the form to the Finance Department for enrollment.</i>	

COVERAGE INFORMATION (of Dependents):

DENTAL LOCATION (Pick Only One):

<i>Add (A) Term (T)</i>	<i>Last Name, First Name, Middle Initial</i>	<i>Relationship</i>	<i>Social Security #</i>	<i>Date of Birth</i>	<i>Sex</i>	<i>Disabled</i>	10155 Washington Ave. Sturtevant, WI 53177 (262) 884-3011	7117 Green Bay Rd. Kenosha, WI 53142 (262) 942-7000
						No Yes	6855 S. 27th St. Franklin, WI 53132 (414) 435-0787	205 E. Wisconsin Ave. Milwaukee, WI 53202 (414) 778-3600
						No Yes	1211 Dolphin Ct. Waukesha, WI 53186 (262) 436-3363	2100 Miller Park Way West Milwaukee, WI 53219 (414) 645-4540
						No Yes	11711 W. Burleigh St. Wauwatosa, WI 53222 (414) 771-2345	220 E. Pleasant St. Milwaukee, WI 53212 (414) 435-5850
						No Yes	N1737 Lily of the Valley Dr. Greenville, WI 54942 (920) 757-0100	545 E. Johnson St. Fond du Lac, WI 54935 (920) 924-9090

AUTHORIZATION:

SIGNATURE:

DATE: