

Mt Pleasant Teachers Association

c/o Ellen Igo
 Hawthorne Elementary School
 225 Memorial Drive
 Hawthorne, NY 10532

Dental & Vision Enrollment / Change Form

Effective Date: _____

This is a _____ New Enrollment _____ Change to an Existing Enrollment

EMPLOYEE

First Name _____	Last Name _____
Address: _____	
City _____	State ____ Zip Code _____
Social Security # _____	
Date of Birth: ____ / ____ / ____	Sex: ____ M ____ F
Employment Date: _____	Home Phone # _____
Marital Status:	
Single ____	Married ____ Widowed ____
Divorced ____	Separate ____
Are you covered under any other Dental Plan? ____ Vision? ____	
If so, please name plan: _____	

SPOUSE

First Name _____	Last Name _____
Social Security # _____	
Date of Birth: ____ / ____ / ____	
Is your spouse employed? ____	
If so, where? _____	
Does your spouse have other Dental coverage? ____ Vision? ____	
Are your dependent children covered under your spouse's or any other Dental plan? ____ Vision? ____	

DEPENDENT CHILDREN

First Name & Last Name	Sex	Date of Birth	Social Security #	F T Student?	If so, where?
_____		____ / ____ / ____	_____		_____
_____		____ / ____ / ____	_____		_____
_____		____ / ____ / ____	_____		_____
_____	____	____ / ____ / ____	_____	____	_____
_____	____	____ / ____ / ____	_____	____	_____
_____	____	____ / ____ / ____	_____	____	_____

Signature _____
 The information provided is true to the best of my knowledge.

Date: _____