

**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: ____ / ____ / ____	Sex: ____ M ____ F
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: \_\_\_\_\_