Enrollment/Change Form

DENTAL INSURANCE

Underwritten by National Guardian Life Insurance Company

Administered by:

LIBERTY Dental Plan
P.O. Box 26110
Santa Ana, CA 92799-61110
888-703-6999

Please print and complete all sections.

GROUP/MEMBER INFORMATION **A: Add (enroll) T: Terminate C: Change (change of name or coverage)**

Group Policyholder Name	Group Number	County Office Loc.	Effective Date	Date of Hire
FSA Employee Association	TBD			

☐ A ☐ T ☐ C	Sex ☐ M ☐ F	Last Name (Member)	First Name	M.I.	Date of Birth	Social Security Number

Home Street Address	City/State/Zip	Home Phone	Work Phone
		( )	( )

Email Address	Cell Phone
	( )

FAMILY INFORMATION (Only those eligible may be enrolled.) A: Add (enroll) T: Terminate C: Change (change of name or coverage)

☐ A ☐ T ☐ C	Sex ☐ M ☐ F	Last Name	First Name	M.I.	Date of Birth	
☐ A ☐ T ☐ C	Sex ☐ M ☐ F	Last Name (spouse)	First Name	M.I.	Date of Birth	
☐ A ☐ T ☐ C	Sex ☐ M ☐ F	Last Name (dependent)	First Name	M.I.	Date of Birth	Child unmarried and full-time student or handicapped? ☐ Yes ☐ No
☐ A ☐ T ☐ C	Sex ☐ M ☐ F	Last Name (dependent)	First Name	M.I.	Date of Birth	☐ Yes ☐ No
☐ A ☐ T ☐ C	Sex ☐ M ☐ F	Last Name (dependent)	First Name	M.I.	Date of Birth	☐ Yes ☐ No
☐ A ☐ T ☐ C	Sex ☐ M ☐ F	Last Name (dependent)	First Name	M.I.	Date of Birth	☐ Yes ☐ No
☐ A ☐ T ☐ C	Sex ☐ M ☐ F	Last Name (dependent)	First Name	M.I.	Date of Birth	☐ Yes ☐ No

Member Signature: _____ Date: _____

I elect the following coverage(s):

☐ Dental - High Plan Option
- ☐ Employee Only $20.24
- ☐ Employee + Spouse $39.47
- ☐ Employee Family $62.98

☐ Dental - Standard Plan Option
- ☐ Employee Only $12.66
- ☐ Employee + Spouse $25.33
- ☐ Employee Family $44.17

Do you or any of your dependents have other dental insurance? ☐ Yes ☐ No

If yes, please give: Policyholder _____ and Insurance Company.

Declination of coverage must be accompanied by the Member's signature above.

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

SEND COMPLETED FORMS TO JM MARKETING:
FAX: (816)841-3790
EMAIL: info@jminsuredirect.com
Toll Free: (800)330-6223