EMORY ☐ Check here if your address has changed

RETIREE DENTAL CHANGE/ENROLLMENT FORM

RETIREE INFORMATION

Name (Last, First, MI.)	Last Four Digits of Social Security Number	PeopleSoft ID (HR Use Only)
Street Address		City/State/Zip
Home Phone	Alternate Contact Number	E-mail

DENTAL ELECTION

☐ **I decline dental coverage**

☐ **I elect to enroll in the Aetna Traditional Dental (PPO) Plan**

Coverage Level:

☐ Retiree Only (Single) ☐ Retiree & Dependent (2-Person) ☐ Retiree & Family

PERSONAL INFORMATION

	Last Name	First Name	MI.	Date of Birth MM / DD / YY	Sex	Relationship	Last 4 Digits of Social Security #	Dental *(please mark box)*
Retiree:					M ☐ F ☐	Self		☐ Yes ☐ No
Spouse:					M ☐ F ☐			☐ Yes ☐ No
Child(ren):					M ☐ F ☐			☐ Yes ☐ No
					M ☐ F ☐			☐ Yes ☐ No
					M ☐ F ☐			☐ Yes ☐ No

SIGNATURE (PLEASE READ CAREFULLY AND SIGN BELOW)

If I elect dental coverage, I authorize all hospitals, health care providers, pharmacists, employers, insurers, and all other entities to release medical, prescribed drugs, alcohol, substance abuse, employment and coverage records which pertain to me or my covered dependents to the Emory Benefit Plan(s) or its representatives. This information will be used in connection with benefit coverage and will be kept strictly confidential. This authorization shall remain valid for the term of this coverage unless I revoke it in writing. I understand that if I or my covered dependent is injured through the act of omission of another, the Emory Benefit Plan(s) will require reimbursement for the benefits provided in an amount not to exceed any damages collected. Typed name will suffice for a signature.

Signature/
Typed Name: Date:

UNIVERSITY: SUBMIT FORM

HEALTHCARE: SUBMIT FORM

Emory University retirees, send completed form to: Benefits Department, Human Resources, 1599 Clifton Road, First Floor, Atlanta, GA 30322; Fax: 404-727-7145; hrbenef@emory.edu
Emory Healthcare retirees, send to: Emory Healthcare Employee Resource Center, 550 Peachtree Street Atlanta, GA 30308; Fax: 404-686-4750; ehc.hr/benefits@emoryhealthcare.org