MEDICAL & DENTAL GROUP COVERAGE ENROLLMENT FORM

Medical Plan: PKA20386 _____ 0002 RTC CL03/CL13/CL07/CL17 _____0002Dept ofPub Safety
Dental Plan: 50825 _____0002 B School CL01/CL11/CL05/CL15 _____ CL04/CL14/CL08/CL18

Company Name **Leech Lake Band of Ojibwe/RTC Government**

Date of Hire: / / **Enrolled member of Federally recognized Tribe:** ☐ YES ☐ NO

1. Legal Name Last First M.I. **2.Social Security Number** - -

3. Sex: ☐ Male ☐ Female **4.Marital Status:** Married ☐ Single ☐ **5. Birth Date:** / /

6. Mailing Address Street/PO Box City State Zip

Coverage Applying For? ☐ Medical ☐ Dental

7. Medical Coverage: ☐ Single ☐ Family
(IF WAIVING COVERAGE, COMPLETE #10.)

Dental Coverage: ☐ Single ☐ Family
(IF WAIVING COVERAGE, COMPLETE #10.)

8. Employee/Dependent Coverage –Include Dependent Status (list all that apply)**If you need more space, please use reverseside**
* A = Adopted F = Foster Child C = Step Child G = Grandchild N = Natural Child H = Handicapped

Legal Name (Last, First Middle)		Dep. Status	Social Security #	Gender	Date of Birth	Enrolled member of Federally recognized Tribe
Employee			- -	☐ M ☐ F	/ /	☐YES☐NO
Spouse			- -	☐ M ☐ F	/ /	☐YES☐NO
			- -	☐ M ☐ F	/ /	☐YES☐NO
			- -	☐ M ☐ F	/ /	☐YES☐NO
			- -	☐ M ☐ F	/ /	☐YES☐NO
			- -	☐ M ☐ F	/ /	☐YES☐NO
			- -	☐ M ☐ F	/ /	☐YES☐NO
			- -	☐ M ☐ F	/ /	☐YES☐NO

- Is any dependent being covered by court order? If yes, who? Name: _____ (please provide copy of the court order).

10.I DECLINE COVERAGE FOR: (Please sign HIPPA waiver form)
Medical: ☐ **Myself** ☐ **My Dependents** **Dental:** ☐ **Myself** ☐ **My Dependents**
**I understand that in order to enroll in the group benefits through Leech Lake Band of Ojibwe at a future date, I may enroll during Open Enrollment or have a qualifying life event.*

To the best of my knowledge the above information is true and correct and I hereby request the coverage indicated above and authorize my company to deduct the required contributions, if any, from my earnings.

Signature Date Completed / /

Form Date Rev: 7.27.2015