



DENTAL ENROLLMENT FORM

I. NBEC ADMINISTRATIVE USE ONLY

Table with 5 columns: Plan # (203817), Location (NSA), Status (A), Effective Date, Verified By.

II. NBEC EMPLOYEE'S (Please fill out the following)

Main enrollment form with sections for Plan Name (Northern Buckeye Ed. Council), Employee Name (Northwest State Community College), Coverage Type, and dependent information table.

- Two checkboxes for certification: 'I hereby certify that I elect coverage...' and 'The Benefits have been explained to me thoroughly...'.

SIGNATURE

DATE

PLEASE RETURN TO YOUR SCHOOL'S HR OFFICE AFTER COMPLETION