



Extended Dental Insurance COBRA

If you feel you have received this or another enclosed form in error, please call Employee Benefits at (706) 542-2222.

To be eligible for COBRA, you must have been an active participant in the plan prior to the qualifying event.

I request:

Continuation of my dental insurance

COBRA DEPENDENT

• Benefits use only •

Are you or your dependents covered under any other group/employer dental insurance program?

Yes No

If yes, you are not eligible for UGA COBRA dental insurance. No need to submit this form. If no, complete the form and submit as indicated below.

APPLICANT'S NAME Last	First	MI	Daytime phone (include area code) **REQUIRED**
--------------------------	-------	----	--

BILLING ADDRESS (Include city, state, zip)

APPLICANT'S ADDRESS (if different from billing address) (Include city, state, zip)

Present University System dental insurance contract number	Email address	Present subscriber's name and relationship to applicant		
DATE OF BIRTH Mo. Day Year	Qualifying event <input type="checkbox"/> Ineligible dependent child <input type="checkbox"/> Divorce/separation <input type="checkbox"/> Termination of employee	<input type="checkbox"/> Male	<input type="checkbox"/> Married	Coverage desired <input type="checkbox"/> Applicant only <input type="checkbox"/> Applicant + child <input type="checkbox"/> Applicant + spouse <input type="checkbox"/> Family
DATE OF QUALIFYING EVENT Mo. Day Year		<input type="checkbox"/> Female	<input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widow(ed) <input type="checkbox"/> Separated	

Applicant signature _____

Date signed _____

Complete & return this form to:
Employee Benefits
Human Resources Bldg.
215 South Jackson Street
Athens, GA 30602-4133

List all eligible individuals you wish to cover.

	Last name	First name	Relationship	Gender	Birthdate		
					Month	Day	Year
2.			<input type="checkbox"/> SPOUSE	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE			
			Children				
3.			<input type="checkbox"/> NATURAL or ADOPTED <input type="checkbox"/> OTHER _____	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE			
			<input type="checkbox"/> STEP _____				
4.			<input type="checkbox"/> NATURAL or ADOPTED <input type="checkbox"/> OTHER _____	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE			
			<input type="checkbox"/> STEP _____				
5.			<input type="checkbox"/> NATURAL or ADOPTED <input type="checkbox"/> OTHER _____	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE			
			<input type="checkbox"/> STEP _____				
6.			<input type="checkbox"/> NATURAL or ADOPTED <input type="checkbox"/> OTHER _____	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE			
			<input type="checkbox"/> STEP _____				
7.			<input type="checkbox"/> NATURAL or ADOPTED <input type="checkbox"/> OTHER _____	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE			
			<input type="checkbox"/> STEP _____				

Information regarding the University System of Georgia dental plan benefits is available at:
<http://www.usg.edu/employment/benefits/>

*Complete an "Application for Unmarried Dependent Student" form for children over age 19, available at: <http://www.busfin.uga.edu/benefits/ben2.html>

Information regarding the University System of Georgia dental plan benefits is available at:
http://www.usg.edu/hr/benefits/dental_insurance