



MT. DIABLO UNIFIED SCHOOL DISTRICT

Benefits Office
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BENEFITS USE ONLY:
BPLUS
[ ] EMPLOYEE ONLY
[ ] DEPENDENT(S)
KCARES
[ ] EMPLOYEE ONLY
[ ] DEPENDENT(S)

DENTAL & VISION
NEW ENROLLMENT - MANDATORY

Dental and Vision coverage is a District-paid benefit to all benefit-eligible employees & their dependents

Form with fields for Social Security #, ID #, Employee Name (First, Middle Initial, Last), Birth Date, Address, Sex (Female, Male), City, State, Zip Code, Hire Date or Benefit Eligible Date, Telephone Number, Benefits Use ONLY, Effective Date.

Dependent Information: Birth dates are required on this form if you are enrolling any dependents. Documentation is required, which includes an original marriage certificate (spouse) and original birth certificates (children). If documentation for dependents is not received within 60 days of date of employee eligibility, they will not be added to the plan.

I understand that I must enroll all current eligible dependents at this time, they cannot be added to the plan at a later date unless they lose other coverage and I provide documentation of the loss of coverage within 60 days. There is no open enrollment period for dental and vision plans. New dependents (i.e. marriage, birth or adoption of child) must be enrolled with 60 days of the event.

District-Paid Dental Plan [ ] Employee Paid Premium Dental Plan [ ]

Table with 5 columns: Dependent Relationship, Dependent Name, Sex, Dependent Date of Birth, Social Security #

IMPORTANT: PLEASE READ AND INITIAL: In the event of a death, divorce, termination of a domestic partnership, enrollment in the military or a marriage of a dependent, I understand that I am required to drop my dependent from my dental and vision plan within 30 days of the event. I understand that if I fail to do so, I will be responsible for any dental and vision charges incurred from that date. (initial)

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_