



# GRAND BLANC COMMUNITY SCHOOLS ENROLLMENT FORM

Eligibility Report

Union/Division: \_\_\_\_\_

## General Information - Employee

Name (Last) (First) (Middle) Gender Birth Date Social Security #

Address (Street) City State Zip Code

Occupation Hire Date Effective Date Plan  
open enrollment 01/01/2025 dental plan

## Section 2 – Dependent Information

Name (Last)	(First)	(MI)	Gender	Date of Birth	Relationship	Effective Date	Social Security #	Dental

Is there a court order requiring coverage for any dependent in the case of divorced or legally separated parents?  
Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please attach copy of health care coverage page.

B. Additional Coverage - Will this enrollment result in coverage under more than one dental insurance for you or your spouse?

Dental: Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes: Carrier name: \_\_\_\_\_ ID #: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_