



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 _____

open enrollment

01/01/2025

dental plan

Occupation _____ Hire Date _____ Effective Date _____ 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 _____