

Wage Types 5141 Humana Dental Enrollment Form 2018

Please complete the following information:					
Social Security #	Last Name	First Name	MI	Date of Birth	
Home Address			Home Phone		Gender
City	State	ZIP Code	Business Phone		extension:
List All Your Eligible Dependents That Are To Be Covered					
First			MI	Last	Sex
Spouse:					M <input type="checkbox"/> F <input type="checkbox"/>
Child:					M <input type="checkbox"/> F <input type="checkbox"/>
Child:					M <input type="checkbox"/> F <input type="checkbox"/>
Child:					M <input type="checkbox"/> F <input type="checkbox"/>
Child:					M <input type="checkbox"/> F <input type="checkbox"/>
# of Dependents:	E-mail:		Payroll Clerk:		1st Payroll Effective Date:
Company Name:		Company #:	Agent Code		Policy Effective Date:
			1024303		01/01/2018
Prior Coverage: Yes <input type="checkbox"/> No <input type="checkbox"/> Carrier Name _____ Coverage Start Date _____ Coverage End Date _____ Coverage Level: Single <input type="checkbox"/> EE+1 <input type="checkbox"/> Family <input type="checkbox"/>					
Please check your choice.					
<u>ADV+35</u> 310122 <input type="checkbox"/> Single: \$22.34 <input type="checkbox"/> EE + 1: \$41.66 <input type="checkbox"/> EE + Family: \$58.46			<u>PPO14</u> CD0681 <input type="checkbox"/> Single: \$29.38 <input type="checkbox"/> EE + 1: \$54.77 <input type="checkbox"/> EE + Family: \$76.84		
Send to: Dennis Krol Insurance P.O. Box 1818 Frankfort, KY 40602-1818 Go Online: www.denniskrolinsurance.com			Or fax to: 502-875-3615 Or call: 800-467-5765 or 502-875-3477 Email to: krolinsurance@bellsouth.net		

I wish to enroll in the plan indicated above as offered through my employer. I hereby authorize my employer to deduct all applicable contribution amounts from my salary or other compensation for the plan year, and for future renewal period(s). I understand that such contribution rate is subject to change on the anniversary date of the plan. I hereby represent that all information furnished by me hereon is true and complete to the best of my knowledge.

I understand that this is a minimum one (1) year contract.

Signature: X _____ Date: _____

check paycheck for correct and timely deduction