



FY23 Dental & Vision Enrollment Form

- New Enrollment
- Qualifying Event
- Open Enrollment

Employee Name: _____

Social Security Number: _____

Address: _____

Phone: _____

Date of Birth: _____

Hire Date: _____ Male Female

Dental:	Semi-monthly Rate:
<input type="checkbox"/> Employee Only	\$0.00
<input type="checkbox"/> Employee + Spouse	\$18.79
<input type="checkbox"/> Employee + Child(ren)	\$22.49
<input type="checkbox"/> Employee + Family	\$50.11
<input type="checkbox"/> Declined	

Vision:	Semi-monthly Rate:
<input type="checkbox"/> Employee Only	\$0.00
<input type="checkbox"/> Employee + Spouse	\$5.41
<input type="checkbox"/> Employee + Child(ren)	\$6.17
<input type="checkbox"/> Employee + Family	\$13.16
<input type="checkbox"/> Declined	

DEPENDENT INFORMATION - ATTACH A SEPARATE SHEET IF NECESSARY							
NAME (FIRST, MI, LAST)	RELATIONSHIP	DATE OF BIRTH	GENDER	SOCIAL SECURITY NUMBER	COVERAGE TYPE	ADD	DROP
			<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Dental <input type="checkbox"/> Vision	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Dental <input type="checkbox"/> Vision	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Dental <input type="checkbox"/> Vision	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Dental <input type="checkbox"/> Vision	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Dental <input type="checkbox"/> Vision	<input type="checkbox"/>	<input type="checkbox"/>

Benefit information can be found at www.ortn.edu under Central Office > Human Resources>Employee Benefits

Employee Signature Date

To be Completed by Human Resources:		
Effective Date of Coverage	HR Representative Signature	Date

PLEASE RETURN TO HUMAN RESOURCES FOR PROCESSING
For additional information or assistance, please contact Rebecca Medovich, HR Benefits Coordinator, at 865-425-9020 or rdmedovich@ortn.edu