

Health Economics Group Dental Plan



Monroe Community College
STATE UNIVERSITY OF NEW YORK

1050 University Ave., Ste. A
Rochester, NY 14607
(585) 241-9500 ext. 501 (800)666-6690 ext. 501
www.heginc.com

Employee Name:

Address:

City:

State:

Zip Code:

Social Security Number:

Date of Birth:

Male Female

Spouse's Name:

Date of Birth:

Social Security Number:

Male Female

Child's Name:

Date of Birth:

Social Security Number:

Male Female

Male Female

Male Female

Male Female

If spouse is employed; employer name & address:

Other Dental Coverage carrier name & address or plan:

Plan No.:

Person(s) Covered:

Employee Signature:

Date:

Hire Date:

Eligibility Date:

Status:

New Employee

Change

Termination

Termination Date:

Employer Acknowledgement

Date