DEPENDENT INFORMATION

NOTE: If you and/or your dependents are eligible for Medicare, an additional application must be completed. Please contact EGID Member Services to request an application.You cannot add dependent life if you do not already have it. The dependent life amount must be the same for each child. The amount for your spouse can be different from that of your child(ren).

Add/Keep **Drop**

SPOUSE ☐ ☐ Health Name: _____ ☐ Check if Medicare eligible
☐ ☐ Dental SSN: _____ Date of Birth: _____ ☐ Male ☐ Female
☐ ☐ Vision Primary Physician: _____ ☐ Current Patient ☐ New Patient
(HMO Only)
☐ ☐ Dep Life* Primary Dentist: _____ ☐ Current Patient ☐ New Patient
(Prepaid Only)
*I elect to keep $_____ (in $500 units) of Dependent Life Insurance

Does your spouse have health, dental, and/or vision coverage through EGID? ☐ Yes ☐ No (If yes, list Name and SSN above)

Add/Keep **Drop**

CHILD ☐ ☐ Health Name: _____ ☐ Check if Medicare eligible
☐ ☐ Dental SSN: _____ Date of Birth: _____ ☐ Male ☐ Female
☐ ☐ Vision Primary Physician: _____ ☐ Current Patient ☐ New Patient
(HMO Only)
☐ ☐ Dep Life* Primary Dentist: _____ ☐ Current Patient ☐ New Patient
(Prepaid Only)
*I elect to keep $_____ (in $500 units) of Dependent Life Insurance

CERTIFICATION SIGNATURES

☐ I authorize EGID to deduct the amount of my premiums from my retirement check according to Rule 360:10-3-3-5. (You must verify with your retirement system that your retirement check will cover your premiums.)

☐ I request EGID direct bill me for my monthly premiums at the mailing address on this form.

Spouse must sign 1.) if being excluded from health/dental and/or 2.) if a common-law spouse.

☐ **Spouse Exclusion Certification:** I certify that I am aware **I am being excluded from health and/or dental coverage as indicated on this form.** I am also aware that I cannot be added to coverage at a later date except within 30 days of loss of other group coverage. (Required only if children are covered and spouse is not.)

☐ **Common-Law Spouse Certification:** I certify that the person listed as my spouse and I have an actual and mutual agreement between ourselves to be married; that this is a permanent relationship; and that our relationship is exclusive, as proven by our cohabitation as spouses; and do hereby hold ourselves out publicly as married. **I am aware that this relationship can be dissolved only by legal divorce.**

Spouse Signature: _____ **Date:** _____

I understand that no coverage, except vision, can be added at a later date.

Member Signature: _____ **Date:** _____

Revised 10/09/2014