Signature of Authorized Officer, Partner or Proprietor_____ **Date:**_____

EDT Employers Dental©

Group Name:												
	Name			Date of Birth	Gender	Date of Hire					Coverage	COBRA If yes
Social Security #	Last	First	MI	Mo Day Yr	M/F	Mo Day Yr (30 Hr. Min.)	Occupation	State	Zip	Marital Status	EO, ES, EC, F, SW, R	Term. Date
111-11-1111	*Example: Smith*	*Jerry*	*M*	*3/8/1967*	*M*	*5/1/1997*	*Mechanic*	*CO*	*80204*	*S*	*EC*	*01/01/2006*

*Coverage Selection Key: EO=Employee Only, ES=Employee Spouse, EC=Employee Child(ren), F=Family, SW=Spousal Waiver, R=Refusal

NY 09/2007

Social Security #	Name			Date of Birth	Gender	Date of Hire	Occupation	State	Zip	Marital	Coverage	COBRA If yes
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