

E.D.I.S. EMPLOYEE APPLICATION

Coverage – Please verify with your employer which plans are available.

Check all boxes that apply

EMPLOYEE	DEPENDENTS	COVERAGE
☐	☐	Medical
☐	☐	*FREEDOM: ☐ PPO; ☐ EPO <i>select one</i>
*Freedom Plan Choice:		☐ \$1,000 ☐ \$1,500
<i>Please check your plan selection</i>		☐ \$2,000 ☐ \$2,500
*PPO Network Selection: _____		
<i>*If nothing is written, a default will be assigned</i>		
☐	☐	FREEDOM DHMO PRE-PAID DENTAL
☐	☐	FULLY SELF-FUNDED DENTAL
☐	☐	FULLY SELF-FUNDED VISION
☐	☐	GROUP TERM LIFE

For Section 125 & COBRA Administration, you must complete separate applications.

**EDIS***Employer Driven Insurance Services*

GROUP/EMPLOYER NAME: _____

EFFECTIVE DATE: _____

DATE OF HIRE: / /

SUBSCRIBER'S INFORMATION

LAST NAME	FIRST NAME	MI	SS#
ADDRESS			APT#
CITY	STATE		ZIP
GENDER	DATE OF BIRTH	EMAIL ADDRESS	
HOME PHONE	WORK PHONE	CHOICE OF DENTAL OFFICE	LANGUAGE
FOR ICHRA ENROLLMENT			
INDIVIDUAL INSURANCE CARRIER / PLAN NAME:		EMPLOYEE CLASS:	

DEPENDENT INFORMATION

RELATIONSHIP	LAST NAME	FIRST NAME	MI	GENDER	DATE OF BIRTH	RACE	LANGUAGE	DENTAL OFFICE #	SOCIAL SECURITY#

COORDINATION OF BENEFITS: Does any person on this application intend to continue other group dental coverage? ☐ Yes ☐ No

If yes, name of the person: _____ Insurance Company: _____

LIFE INSURANCE BENEFICIARY: _____ **RELATIONSHIP:** _____**WAIVER OF COVERAGE**

I have been given the opportunity to apply for group coverage, but am waiving the following benefits, due to:

- | | |
|----------------------------------|---|
| ☐ Medical | ☐ I am covered under a spouse or domestic partner's plan. |
| ☐ Dental | ☐ I choose not to elect coverage at this time. |
| ☐ Vision | ☐ I choose not to elect coverage at this time for my spouse. |
| ☐ Life | ☐ I choose not to elect coverage at this time for my child(ren). |

For your protection, California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Subscriber's Name (Please print)_____
Signature_____
Date