# COBRA DUAL OPTION ENROLLMENT FORM

Comprehensive Plan Insured by:

Administered by:

| **Employer Information** | | | | |
|---|---|---|---|---|
| Employer's Name **NASSAU COUNTY** | | | | |
| Group Number | | Effective Date | | |
| **Member Information** | | | | |
| Last Name | First Name | M.I. | SSN/ID # | |
| Address | | City | State | Zip Code |
| Home Phone | Work Phone | Gender | D.O.B. | |
| Other Dental Coverage Yes ☐ No ☐ | Name of other plan (if applicable) | | | |
| **Marital Status** | | | | |
| ☐ Single | ☐ Domestic Partners | ☐ Married | ☐ Divorced/Widow | |

**Dependents To Be Covered - Spouse, Domestic Partner & Unmarried Dependent Children. Dependent eligibility is governed by your group's contract - if child is over age 18 and student verification is required for your group, please attach documentation.**

| | | **Check Appropriate Box** | | | |
|---|---|---|---|---|---|
| Last Name, First Name | M/F | Spouse/D.P. | Son | Dtr | D.O.B. |
| Last Name, First Name | M/F | Spouse/D.P. | Son | Dtr | D.O.B. |
| Last Name, First Name | M/F | Spouse/D.P. | Son | Dtr | D.O.B. |
| Last Name, First Name | M/F | Spouse/D.P. | Son | Dtr | D.O.B. |
| Last Name, First Name | M/F | Spouse/D.P. | Son | Dtr | D.O.B. |
| Last Name, First Name | M/F | Spouse/D.P. | Son | Dtr | D.O.B. |
| Last Name, First Name | M/F | Spouse/D.P. | Son | Dtr | D.O.B. |

| **Select One Plan** | |
|---|---|
| ☐ Comprehensive Plan* | ☐ Reimbursement Plan |

***Dental Selection - Please choose one Primary Care Dentist from the Dentcare Comprehensive Directory - One Per Family**

| Dentist Name | Dentist Site Code |
|---|---|
| | |

**I agree to abide by the terms and conditions of the contract.**

| Signature | Date |
|---|---|
| | |

**Any person who includes any false or misleading information on an application for an Insurance Policy is subject to criminal and civil penalties.**

**"PLEASE PRINT OR TYPE ALL INFORMATION"**

Administered by:

**Healthplex, Inc.**

333 Earle Ovington Blvd., Suite 300 • Uniondale, New York 11553-3608 • www.healthplex.com

P 800-468-0608 (Press option 1) • F 516-227-0582 • E info@healthplex.com

F-2273-Nassau County COBRA

Print 12/11