Oklahoma State & Education Employees Group Insurance Board
FORMER EMPLOYEE DEPENDENT ENROLLMENT FORM

The Patient Protection and Affordable Care Act was signed into law on March 23, 2010. This act requires plans that provide dependent coverage to continue to make coverage available until an adult child (married or unmarried) turns 26.

OSEEGIB is allowing a one-time opportunity for you to enroll eligible dependent children. This Option Period you may add a dependent child up to age 26 to your coverage. If you decide to add a dependent, that coverage will become effective January 1, 2011.

To add a dependent child (or children) to your coverage, complete and return this form with your 2011 Option Period Form by December 7, 2010. Your child can be added only to a benefit that you already carry.

MEMBER INFORMATION (Please Print)

Member Name _____ **Member ID/SSN** _____

Mailing Address _____ **Phone (____)** _____

☐ **New Address** _____ **Alt Phone (____)** _____
City **State** **ZIP Code**

DEPENDENT CHILD INFORMATION (Please Print)

Name _____ **SSN** _____ **Date of Birth** _____
☐ **Male** ☐ **Female**

Name _____ **SSN** _____ **Date of Birth** _____
☐ **Male** ☐ **Female**

Remember, you and your dependents must all be covered under the same plan. For example, if you are enrolled in a HealthChoice plan and you are adding a dependent, your dependent must also be enrolled in a HealthChoice plan. If you are enrolled in an HMO plan, your dependent must be enrolled in the same HMO.

☐ **ADD Health Plan – Add dependent(s) to your existing health plan**

Health Plan Name _____

Primary Physician (HMO only) _____ ☐ New Patient ☐ Current Patient

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☐ **ADD Dental Plan – Add dependent(s) to your existing dental plan**

Primary Dentist (Prepaid only) _____ ☐ New Patient ☐ Current Patient

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☐ **ADD Vision Plan – Add dependent(s) to your existing vision plan**

CERTIFICATION SIGNATURE

Member Signature _____ **Date** _____