

# City College of San Francisco

## DENTAL ENROLLMENT APPLICATION

Eligible employees: Trustees, Full-time Administrators and Faculty, Part-time Faculty: certain restrictions apply,  
and Classified employees working at least 20 + hours/week

<b><u>Request Type</u></b> <b>(Select One)</b>	<b><u>Status Type</u></b> <b>(Select One)</b>
New Enrollee	Full Time Academic or Administrator
Add Dependents	Part Time Academic
Drop Dependents	Classified 20 + hours/week
Others:	Trustee
Waiving Coverage	

If you are adding dependents, CCSF will need additional documentation.

- To add a spouse/domestic partner (DP), provide a copy of a certified marriage certificate (domestic or a translated foreign cert.) or DP certificate.
- To add children under 26, provide a copy of birth/adoption certificate.

You may drop dependents from your plan anytime as long as there is no court order decree.

If a member fails to dis-enroll ineligible dependents, the member may be held responsible for service cost.

Employee's Information				
SSN	Last Name	First Name		M.I.
Street		City	State	Zip Code
DOB	Gender: Non Binary                      Male                      Female		Phone	

Dependents' Information						
Last Name	First Name	Date of Birth	SSN	Gender: NonBinary    Male    Female	Relationship: Spouse    DP    Child	Add    Drop

I certify that the information entered on this document is true and correct and I give the persons administering the plan in which I enroll and/or their agents permission to verify any and all information.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Submit form to: CCSF- HR: Benefits Unit 50 Frida Kahlo Way, Conlan Hall 107, San Francisco, CA 94112  
For more information, please contact 1-415-452-7733 or email [benefits@ccsf.edu](mailto:benefits@ccsf.edu)

HR use only

Enrolled by:

BANNER:

PBIA:

Effective Date:

Rev 12.2020