

Jefferson Parish Public School System

ENROLLMENT FORM-NON-BARGAINING EMPLOYEES

LOUISIANA DENTAL PLAN, INC.

P.O. BOX 87459 BATON ROUGE, LA 70879

800.726.4232 or 225.291.3077

Please fax completed form to: 225.291.3963

(PLEASE PRINT)

LIST ALL DEPENDENTS Sex/Age

DATE: ____/____/_____

_____/_____/_____

Name: _____

_____/____/_____

Address: _____

_____/____/_____

City: _____ St: _____ Zip: _____

_____/____/_____

Employee ID #: _____

_____/____/_____

Home phone #: (____) _____ Date of Birth ____/____/_____

Employer: Jefferson Parish Public Schools Work # (____) _____

Membership Includes: Discount Dental, Vision, Hearing, Massage Therapy, Weight Loss, Cosmetic Surgery, Nutritional Wellness, Prescription Drugs and Diabetic Supplies.

\$2.50 MONTHLY- COVERAGE IS FOR ONE MEMBER AND/OR ENTIRE FAMILY

I understand and agree that my membership may be affected by my failure to provide all factual information required. I understand that deductions received by the end of the month will begin by the 15th of the month. If I wish to cancel this deduction, I will have to complete the voluntary deductions stop form found on JPPSS payroll website. Forms received 2 days prior to the end of the month will stop. Employees working 9 months out of the year and receiving escrow payments have to make sure payroll receives this form by no later than June 10th to insure no deduction is taken out of the escrow check.

SIGNED _____ DATE _____ EMPLOYEE

SIGNED _____ DATE _____ AGENT