



TACOMA INDUSTRIAL TRUST
EDUCATIONAL SERVICES DIVISION

BREMERTON SCHOOL DISTRICT
AMERITAS DENTAL ENROLLMENT FORM

Please choose your plan:

Plan A with Orthodontia: _____	TI Low Dental Plan: _____
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Employee Last Name		First Name		M I	Sex	Social Security Number	
Home (Mailing) Address – Street & Number or PO Box					Apt #		Date of Birth
City	State	Zip Code	Home Phone #	Marital Status		Date of Marriage	
Employer				Work Phone #		Date of Hire	
Employers Address – Street & Number or PO Box, City, State and Zip						Coverage Effective Date	
Emergency Contact:						Emergency Contact Number:	

PLEASE LIST ALL FAMILY MEMBERS TO BE COVERED BY THIS ENROLLMENT

	Last Name	First Name	MI	Sex	Date of Birth	Soc Sec Number
Spouse						
Child						
Child						
Child						

Employee's Signature: _____

Date: _____