

G.E.H.A Connection Dental Plus Change in Enrollment Form

Please indicate change, sign and return this form by email, fax or mail:

Email:
 GEHAPremiumBilling@mygeha.com
 Fax: 1-855-256-5640

Correspondence:
 G.E.H.A Connection Dental Plus Premium
 PO Box 1087
 Wausau, WI 54402-1087

REQUEST TO CHANGE ADDRESS

To change your permanent address, please indicate your permanent physical address below:

 (Street address)

 (Street address)

 (City) (State) (ZIP code)

If your mailing address is different from your physical address, please indicate your mailing address below:

 (Street address)

 (Street address)

 (City) (State) (ZIP code)

REQUEST TO ADD DEPENDENT COVERAGE INFORMATION

(Relationship codes: 1=spouse 2=natural child 3=other, specify)

To add, change or terminate dependent coverage information, please complete the section below. An eligible dependent is defined as your legally married spouse; and each unmarried child who is under age 26. All eligible dependents enrolled more than 31 days after the member's effective date will have a separate Effective Date of Coverage and Waiting Periods as described in the brochure.

Change request	Relationship code	First name	Middle initial	Last name (if different)	Gender M/F	Date of birth MM/DD/YYYY	Social Security number

Member signature: _____

Date: _____

Connection Dental Plus ID number: _____

Phone: _____

G.E.H.A Connection Dental Plus Premium Billing

Portal: geha.tpa.com Phone: 1-833-434-2988
 Email: GEHAPremiumBilling@mygeha.com Fax: 1-855-256-5640