



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:
GEHA 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 or change 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.

Relationship Code	First Name	Middle Initial	Last Name (If Different)	Gender M/F	Date Of Birth	Social Security Number

Member signature: _____ **Date:** _____

Connection Dental Plus ID number: _____ **Phone:** _____

GEHA Connection Dental Plus Premium Billing
 Portal: geha.tpa.com
 Email: GEHAPremiumBilling@mygeha.com
 Phone: 1-833-434-2988
 Fax: 1-855-256-5640