



## 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](http://geha.tpa.com)  
Email: [GEHAPremiumBilling@mygeha.com](mailto:GEHAPremiumBilling@mygeha.com)  
Phone: 1-833-434-2988  
Fax: 1-855-256-5640

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