



DENTAL (STD. 692) FORM CHECKLIST

CHECK SECTIONS COMPLETED BY THE EMPLOYEE (A THRU D) TO ENSURE THE FOLLOWING:

- Form is legible.
- Action type is selected.
- Employee Social Security number matches the employee's name.
- Social Security Number is listed for each dependent.
- Section D is marked.
- Dependents are not neglected from previous enrollment and previous plan is listed.
- Everyone who is to be cancelled is identified with a "D" and everyone to be added is identified with an "A".
- Form is signed and dated by employee (original signature is required).

CHECK SECTIONS COMPLETED BY THE PERSONNEL OFFICE TO ENSURE THE FOLLOWING:

- The Dental Organization Code matches the Plan Name.
- The Party Code is correct and consistent with the family members indicated in section B.
- Permitting Event Date must be 09-21-20.
- One of the following permitting event codes is used during an open enrollment period:
 - 03 - New enrollment.
 - 15 - Addition/Deletion of dependent(s) (may use one form).
 - 28 - Change of dental plan.
 - 29 - Change of plan and addition/deletion of dependent(s) (may use one form).
 - 41 - Cancelling health/dental to enroll in cash in lieu of benefits. Forms to the State Controller's Office must be stapled together.
- Effective date is 01-01-21.
- Form is signed and dated by Personnel Specialist.
- The Personnel Specialist contact phone number and contact email address is legible.

- FlexElect or Consolidated Benefits (CoBen) form is sent together with the Dental Plan Enrollment Authorization Form (STD. 692) when cancelling or enrolling in Flex/CoBen cash program. Add a note to indicate the requested action.

HELPFUL HINTS

- A dependent child over the age of 26 must be certified as a medically disabled dependent child.
- If employee is enrolling/canceling Flex or Dental, send forms together.
- If employee has a Domestic Partner status “DPA680 on file” along with the tax year must be written in remarks section.
- When sending revisions to a form already submitted for open enrollment processing, clearly mark the document as revised.
- Do not send duplicate forms.
- Be sure to use the current form.

RESOURCES

- [Benefits Administration Manual \(BAM\)](#).
- [Benefits calculator](#) – Using the benefits calculator will allow the form to auto-populate STD. 692.
- [Open Enrollment Toolkit](#).