



CAPE GIRARDEAU PUBLIC SCHOOLS

301 NORTH CLARK AVE • CAPE GIRARDEAU, MO 63701 • PHONE: 573-335-1867 • FAX 573-335-1820

Dental Insurance Enrollment Form

Employee Name: _____

Coverage Tiers:

_____ Employee	\$23.94 (Board-paid)
_____ Employee/Spouse	\$22.62
_____ Employee/Child(ren)	\$24.34
_____ Employee/Family	\$49.54

If applying for dependent coverage list spouse and unmarried eligible children:

Name	Social Security	Relationship	Date of Birth