



## NEW EMPLOYEE/COBRA APPLICATION FOR BROOKLYN HEALTHWORKS DENTAL & VISION PLAN OPTIONS

Brooklyn HealthWorks Group Name: \_\_\_\_\_

Brooklyn HealthWorks Group Number: \_\_\_\_\_

Desired Effective Date: \_\_\_\_\_

**THIS APPLICATION MUST BE SUBMITTED WHEN A NEW EMPLOYEE ENROLLS IN BROOKLYN HEALTHWORKS OR DURING THE GROUP'S ANNUAL RENEWAL PERIOD. TERMINATED EMPLOYEES ELECTING COBRA COVERAGE MUST SIGN UP WHEN THEY ELECT COBRA.**

### Monthly Premiums\*

Tier	Preferred Dental & Vision Plan	Premier Dental & Vision Plan
Individual Employee	\$18.07	\$39.11
Employee & Spouse/Domestic Partner	\$34.83	\$75.54
Employee & Child(ren)	\$39.80	\$88.42
Family	\$55.65	\$126.14

*\*Rates are guaranteed for a period of twelve months from the effective date of enrollment.  
Rates will be 2% higher for COBRA enrollees.*

### Subscribers Enrolling in Brooklyn HealthWorks Dental & Vision Plans

Employees/COBRA recipients on the next page are enrolling in Brooklyn HealthWorks dental and vision plan options and were notified they will not be able to make changes to their plan selection (including dropping coverage) for at least 12 months and only during a group's annual medical renewal period. Each employee enrolling has also received a copy of Brooklyn HealthWorks dental and vision 1) summary of benefits, and 2) plan description.

Initials of authorized officer or COBRA enrollee: \_\_\_\_\_

**Employees/COBRA Recipients Enrolling in  
Brooklyn HealthWorks Dental & Vision Plan Options**

Subscriber Name (please print)  [Subscriber dependents enrolled in Brooklyn HealthWorks will also be enrolled.]	Subscriber Number  (Employee GHI ID number or Social Security number)	Enrolling in Preferred Plan  (check here)	Preferred Plan Primary Care Dentist Code (list code here or a dentist will be assigned to you)	Enrolling in Premier Plan  (check here)	Has subscriber and dependents had at least 12 months of continuous dental coverage? Yes/No

**Please copy this page if you need more space.**

Print name of officer/COBRA recipient completing application: \_\_\_\_\_

Signature of officer/COBRA recipient completing application: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

You may submit this application by:

1. Scanning this document and e-mailing it to [dmohs@brooklynchamber.com](mailto:dmohs@brooklynchamber.com)
2. Faxing a copy to 718-643-9707