Weber!

PUBLIC EMPLOYEES DENTAL PROGRAM

GROUP INSURANCE ENROLLMENT & RECORD CARD

LAST NAME	FIRST	INITIAL	SOCIAL SECURITY NUMBER
JOHNSON	E.	BLAINE	529-22-7400

ADDRESS AND STREET NO.	CITY AND STATE	ZIP CODE
1615 E Shadow Valley Drive	Ogden Utah	84403

BIRTH DATE	DATE EMPLOYED		DEPARTMENT OR EMPLOYER	ORG. #
23 Dec 1926	1 Jan 1962	☐ SINGLE ☒ MARRIED	Dept. of Water Rights Utah State Engineer (Water Commissioners)	6313

CHECK ONE OF THE FOLLOWING:

I AM APPLYING FOR

- ☐ Coverage for myself only
- ☒ Coverage for myself and one family dependent
- ☐ Coverage for myself and two or more family dependents

LIST ALL ELIGIBLE DEPENDENTS ON REVERSE SIDE OF CARD

I authorize my Employer to deduct from my pay the contributions required for my dental insurance premium. I further authorize the group insurance department to release information to dental care providers necessary to process claims.

1 Feb 1984 — DATE

E Blaine Johnson — SIGNATURE OF EMPLOYEE

EFFECTIVE DATE OF INSURANCE:

Month _____ Day _____ Year _____

RGI 01-002

This personally given to

J. Burnham upstairs 2-2-84

[illegible]