

Generali HMO and Dental Enrollment Form

Instructions: Complete the below documentation to enroll eligible dependents in your Generali health coverage. Completed documents should be returned to pops@okta.com

Date: _____
Employees Name: _____
Hire Date: _____

Definition of an eligible dependent: An eligible dependent is defined as the following:

MARRIED EMPLOYEE :

Spouse not more than 70 years old: Legitimate, legitimated, legally adopted children, from birth up to 23 years old in order of age (eldest to youngest in that order)

SINGLE EMPLOYEE

Parents up to age 70 years old and/or Siblings from birth up to 23 years old in order of age (eldest to youngest in that order)

SINGLE PARENT EMPLOYEE

Children Legitimate, legitimated, legally adopted children. From birth up to 23 years old in order of age (eldest to youngest in that order) and/or Parents up to age 70 years old and/or Siblings

DOMESTIC PARTNER

not more than 70 years old (for Single Employees)

Dependent Information:

Dependent (1)

Name: _____

Date of Birth (dd-mm-yyyy): _____

Relationship: _____

Gender: _____

Civil Status: _____

Dependent (2)

Name: _____

Date of Birth (dd-mm-yyyy): _____

Relationship: _____

Gender: _____

Civil Status: _____

Dependent (3)

Name: _____

Date of Birth (dd-mm-yyyy): _____

Relationship: _____

Gender: _____

Civil Status: _____

Dependent (4)

Name: _____

Date of Birth (dd-mm-yyyy): _____

Relationship: _____

Gender: _____

Civil Status: _____

**Please password protect this document for security purposes.*