



Montessori Administrators of Georgia

Medical/Dental/Vision Enrollment Form

Date: _____ School: _____

Employee's Name: _____

Date Of Birth: _____ Social Security # ___ - __ - ___

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

E-Mail Address: _____ Salary: _____

Hire Date: _____ Insurance Effective Date: _____

- Class 1: Department Head
 - Class 2: Administrative Support Staff (salary)
 - Class 3: Teacher
 - Class 4: 12 Month Employee (Hourly)
 - Class 5: 10 Month Employee (not eligible for coverage)
- *Class 4 employees are subject to a 90-day

Enrolling in:

- Medical 1912 1913 1914 1945
- Dental
- Vision

Approved By: _____ Title: _____

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