

100 Crowne Point Place • Cincinnati, OH 45241  
 Phone (513) 554-1100 • 1-800-367-9466  
 Fax (513) 618-3882

- Name/Address change: fill in Section 1
- Add/Terminated dependents: fill in Section 2
- Terminate/Reactivate coverage: fill in Section 3

SOCIAL SECURITY NUMBER _____	EMPLOYEE LAST NAME _____	FIRST NAME _____	MI _____
EMPLOYER _____			GROUP NUMBER _____

### SECTION 1

ADDRESS CHANGE	NEW ADDRESS _____	CITY _____	STATE _____	ZIP CODE _____
NAME CHANGE	THE REASON FOR THE CHANGE IS (CHECK ONE): <input type="checkbox"/> MARRIAGE <input type="checkbox"/> CORRECTION <input type="checkbox"/> DIVORCE <input type="checkbox"/> COURT ORDER			
CHANGE NAME FROM:	_____		TO:	_____

### SECTION 2

ADD DEPENDENT(S)

#### COMPLETE THE FOLLOWING INFORMATION FOR EACH DEPENDENT TO BE ADDED TO THE PLAN

	NAME(S) OF DEPENDENT(S) TO BE ADDED:	SEX	BIRTH DATE	EFFECTIVE DATE	RELATIONSHIP	REASON
01						
02						
03						
04						

Will you or any dependent be covered under another dental insurance plan while a member of Dental Care Plus Insurance Company?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, name and address of other insurance company \_\_\_\_\_ Policy # \_\_\_\_\_

DELETE DEPENDENT(S)

#### COMPLETE THE FOLLOWING INFORMATION FOR EACH DEPENDENT TO BE REMOVED FROM THE PLAN

	NAME(S) OF DEPENDENT(S) TO BE DELETED:	SEX	BIRTH DATE	EFFECTIVE DATE	REASON
01					
02					
03					
04					

### SECTION 3

#### TERMINATE COVERAGE

REASON:       TERMINATED EMPLOYMENT    NO LONGER ELIGIBLE    COBRA ELIGIBILITY ENDED    OPEN ENROLLMENT

DATE COVERAGE ENDS: \_\_\_\_\_

#### REACTIVATE COVERAGE

REASON:       TERMINATED IN ERROR    ELECTED COBRA    REHIRED    COURT ORDER

EFFECTIVE DATE: \_\_\_\_\_

#### OTHER

STATE CLEARLY THE REQUESTED CHANGE: \_\_\_\_\_

**X ADMINISTRATOR/EMPLOYEE SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**Fraud Notice - Ohio Residents Only:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.  
**Fraud Notice - Kentucky Residents Only:** Any person who knowingly and with intent to defraud an insurer files an application or statement of claim containing any false, incomplete or misleading information may be guilty of insurance fraud which is a crime.