

ALL SECTIONS MUST BE COMPLETED FOR APPLICATION TO BE PROCESSED.

ENROLLMENT FORM

DENTAL GROUP NUMBER			EFFECTIVE DATE		
SOCIAL SECURITY NUMBER - -		EMPLOYER AND LOCATION			
EMPLOYEE LAST NAME	FIRST NAME	MI	EMPLOYEE'S HOME PHONE		
			EMPLOYEE'S EMAIL ADDRESS		
HOME ADDRESS		APT#	GENDER		DATE OF BIRTH
CITY	STATE	ZIP CODE		COUNTY IN WHICH YOU RESIDE	
MARITAL STATUS: <input type="checkbox"/> SINGLE (01) <input type="checkbox"/> MARRIED (02)			EMPLOYMENT DATE		

COMPLETE THE FOLLOWING INFORMATION FOR EACH DEPENDENT TO BE COVERED BY THE PLAN

NAME – IF LAST NAME DIFFERENT FROM ABOVE INDICATE LAST NAME	RELATIONSHIP	GENDER	BIRTH DATE	PLAN
				DENTAL
	SPOUSE			

WILL YOU OR ANY DEPENDENT HAVE OTHER DENTAL INSURANCE COVERAGE? _____ IF YES, PLEASE LIST THE NAME OF THE OTHER INSURANCE COMPANY AND PHONE NUMBER: _____

REFUSAL/WAIVER – COMPLETE ONLY IF YOU ARE DECLINING COVERAGE

I DECLINE ALL COVERAGE FOR: MYSELF MY SPOUSE MY CHILDREN

REASON FOR REFUSAL: _____

On behalf of myself and any dependents listed above, I hereby apply for coverage under the Master Group Policy/Contract issued to my employer by Dental Care Plus, Inc. I understand that the benefits for which I (we) will be eligible are in accordance with those described in the Master Group Policy/Contract and any changes provided for therein. I understand that certain services may require copayment or deductible, payable by me (or my dependents) directly to the provider of such services. I authorize my employer to deduct the necessary contributions, if any, from my wages or salary, with the understanding that he acts as my agent in all dealings with the plan, and that all acts performed by him and all notices given to him in such dealings are binding upon me, as not prohibited by statute or regulation.

I hereby waive the provider-patient privilege and authorize any provider of dental or vision services to give Dental Care Plus, Inc., its agents and representatives any information concerning the claims for reimbursement for covered services of any person included under such coverage, including the undersigned, the undersigned's spouse and the undersigned's dependents.

To the best of my knowledge, the above information is complete, true, and correct. In the absence of fraud, however, all statements made by applicants or by an insured person shall be deemed representations and not warranties.

PLEASE SIGN WHETHER YOU ARE ACCEPTING OR DECLINING COVERAGE

EMPLOYEE SIGNATURE _____ DATE _____

Fraud Notice – Michigan and 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 any insurance company or other person files an application for insurance containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent act, which is a crime.

Fraud Notice – Indiana Residents Only: Any person who knowingly and with intent to defraud an insurer files an application for insurance containing any false, incomplete, or misleading information commits a felony.

Fraud Notice – Tennessee Residents Only: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE OF AVAILABILITY OF LANGUAGE TRANSLATION SERVICES

If you, or someone you're helping, has questions about a Dental Care Plus, Inc. plan, you have the right to get help and information in your language at no cost. To talk to an interpreter, call (513)554-1100 or (800)367-9466.

Spanish

Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de Dental Care Plus, Inc. plan, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al (513)554-1100 or (800)367-9466.

Chinese

如果您，或是您正在協助的對象，有關於[插入SBM項目的名稱 Dental Care Plus, Inc. plan 方面的問題，您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥電話 [在此插入數字 (513)554-1100 or (800)367-9466.

German

Falls Sie oder jemand, dem Sie helfen, Fragen zum Dental Care Plus, Inc. plan haben, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer (513)554-1100 or (800)367-9466 an.

Arabic

على الحصول في الحق في لديك ، Dental Care Plus, Inc. plan بـ خصوص أسئلة تـ ساعده شخص لـدى أو لديك كان إن والمعلومات المساعدة (ب ات صل م ترجم مع لـ لا تحدث تـ كل فة اية دون من بـ لغتك الـ ضرورية (513)554-1100 or (800)367-9466.

Pennsylvania Dutch

“Wann du hoscht en Froog, odder ebber, wu du helpscht, hot en Froog baut Dental Care Plus, Inc. plan, hoscht du es Recht fer Hilf un Information in deinre eegne Schprooch griege, un die Hilf koschtet nix. Wann du mit me Interpreter schwetze witt, kannscht du (513)554-1100 or (800)367-9466 uffrufe.

Russian

Если у вас или лица, которому вы помогаете, имеются вопросы по поводу Dental Care Plus, Inc. plan, то вы имеете право на бесплатное получение помощи и информации на вашем языке. Для разговора с переводчиком позвоните по телефону (513)554-1100 or (800)367-9466.

French

Si vous, ou quelqu'un que vous êtes en train d'aider, a des questions à propos de Dental Care Plus, Inc. plan, vous avez le droit d'obtenir de l'aide et l'information dans votre langue à aucun coût. Pour parler à un interprète, appelez (513)554-1100 or (800)367-9466.

Vietnamese

Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Dental Care Plus, Inc. plan, quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi (513)554-1100 or (800)367-9466.

Cushite

Isin yookan namni biraa isin deeggartan Dental Care Plus, Inc. plan irratti gaaffii yo qabaattan, kaffaltii irraa bilisa haala ta'een afaan keessaniin odeeffannoo argachuu fi deeggarsa argachuuf mirga ni qabdu. Nama isiniif ibsu argachuuf, lakkoofsa bilbilaa (513)554-1100 or (800)367-9466 tiin bilbilaa.

Korean

만약 귀하 또는 귀하가 돕고 있는 어떤 사람이 Dental Care Plus, Inc. plan에 관해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 그렇게 통역사와 얘기하기 위해서는 513)554-1100 or (800)367-9466 로 전화하십시오.

Italian

Se tu o qualcuno che stai aiutando avete domande su Dental Care Plus, Inc. plan, hai il diritto di ottenere aiuto e informazioni nella tua lingua gratuitamente. Per parlare con un interprete, puoi chiamare (513)554-1100 or (800)367-9466.

Japanese

ご本人様、またはお客様の身の回りの方でも、Dental Care Plus, Inc. planについてご質問がございましたら、ご希望の言語でサポートを受けたり、情報を入手したりすることができます。料金はかかりません。通訳とお話される場合、(513)554-1100 or (800)367-9466 までお電話ください。

Dutch

Als u, of iemand die u helpt, vragen heeft over Dental Care Plus, Inc. plan, heeft u het recht om hulp en informatie te krijgen in uw taal zonder kosten. Om te praten met een tolk, bel (513)554-1100 or (800)367-9466.

Ukrainian

Якщо у Вас чи у когось, хто отримує Вашу допомогу, виникають питання про Dental Care Plus, Inc. plan, у Вас є право отримати безкоштовну допомогу та інформацію на Вашій рідній мові. Щоб зв'язатись з перекладачем, задзвоніть на (513)554-1100 or (800)367-9466.

Romanian

Dacă dumneavoastră sau persoana pe care o asistați aveți întrebări privind Dental Care Plus, Inc. plan, aveți dreptul de a obține gratuit ajutor și informații în limba dumneavoastră. Pentru a vorbi cu un interpret, sunați la (513)554-1100 or (800)367-9466.