Dental Care Plus, Inc.

100 Crowne Point Place
Cincinnati, OH 45241
(513) 554-1100 or (800) 367-9466

DENTAL ENROLLMENT FORM

DT-205, DT-206

PLEASE PRINT IN SPACE PROVIDED

EMPLOYER INFORMATION

EMPLOYER NAME	LOCATION	GROUP NO.

EMPLOYEE

LAST NAME	FIRST NAME		M.I.
STREET ADDRESS	**CITY**	**STATE**	**ZIP**
SOCIAL SECURITY NUMBER	**TELEPHONE NUMBER** ( )		**BIRTH DATE** / /

SEX MALE ❑ FEMALE ❑	EMPLOYMENT DATE MM DD YY / /	MARITAL STATUS SINGLE ❑ MARRIED ❑	OCCUPATION/TITLE	EMPLOYMENT STATUS ACTIVE ❑ INACTIVE ❑

COVERAGE – Check Those That Apply

❑ EMPLOYEE ❑ SPOUSE ❑ CHILDREN REQUESTED EFFECTIVE DATE: _____

DEPENDENT INFORMATION

SPOUSE NAME	SEX ❑ Male ❑ Female	BIRTH DATE (MM-DD-YY) / /	
CHILD NAME	SEX ❑ Male ❑ Female	BIRTH DATE (MM-DD-YY) / /	STUDENT **(Over Age 19)** ❑ Yes ❑ No
CHILD NAME	SEX ❑ Male ❑ Female	BIRTH DATE (MM-DD-YY) / /	STUDENT **(Over Age 19)** ❑ Yes ❑ No
CHILD NAME	SEX ❑ Male ❑ Female	BIRTH DATE (MM-DD-YY) / /	STUDENT **(Over Age 19)** ❑ Yes ❑ No

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

REFUSAL/WAIVER – Complete Only If You Are Declining Coverage For Yourself Or Any Dependent

I DECLINE COVERAGE FOR: ❑ MYSELF ❑ MY SPOUSE ❑ MY CHILDREN
REASON FOR REFUSAL: _____

ACKNOWLEDGMENT AND AUTHORIZATION

I hereby request coverage as outlined above under the Fidelity Security Life Insurance Company group dental plan offered by my employer and authorize my employer to deduct from my earnings, including any future adjustments, any required contributions. I reserve the right to revoke or change this authorization by written notice and understand that if I have declined any coverage on myself or eligible dependent and wish to enroll at a later date, coverage will be deferred in accordance with the plan provisions. I declare all answers true and complete.

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 insurance act, which is a crime.

DATE	SIGNATURE

CITY AND STATE