

DENTAL PAY

100 Corporate Parkway, Suite 342
Amherst, New York 14226
(716) 832-3000

ENROLLMENT AND CHANGE FORM

Plan Holder Name (Company Name)	Division	Effective Date:		
Plan Holder Street Address	Hire Date	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
Employee's Name (Last, First, MI) <input type="checkbox"/> Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms	Birthdate	SS#		
	<input type="checkbox"/> New Applicant <input type="checkbox"/> Change <input type="checkbox"/> COBRA Eff. Date: _____			
Employee's Address (Incl. Apt. No.), City, State, Zip	Home Phone			
	Coverage Requested		<input type="checkbox"/> Single	<input type="checkbox"/> Family
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Legally Separated <input type="checkbox"/> Divorced				
Give the following information for each dependent to be insured: Name (Last, First, MI)	Relationship	Sex	Birth date	Full-Time Student
1.		<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Yes <input type="checkbox"/> No
2.		<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Yes <input type="checkbox"/> No
3.		<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Yes <input type="checkbox"/> No
4.		<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Yes <input type="checkbox"/> No
5.		<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Yes <input type="checkbox"/> No
6.		<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any dependent children adopted? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", indicate name and date of adoption:				
Have you included step-children as dependents? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", indicate name is:				
Do your step-children reside with you? <input type="checkbox"/> Yes <input type="checkbox"/> No Are they dependent upon you for support and maintenance? <input type="checkbox"/> Yes <input type="checkbox"/> No				

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 may be guilty of insurance fraud. I have reviewed the statements on this application and they are true and complete.

X _____
(Signature of employee)

(Date)