CIGNA Dental Enrollment Form

CIGNA Dental Health
P.O. Box 189060
300 NW 82nd Avenue
Plantation, FL 33318-9060

Connecticut General Life Insurance Company
900 Cottage Grove Road
Hartford, CT 06152

CIGNA Dental

Please Print

EFFECTIVE DATE- | | - | | - | |

PLEASE MARK APPROPRIATE BOX.

- ☐ New enrollment
- ☐ Change
- ☐ Reinstate
- ☐ Cancellation

Reason for Cancellation:

- ☐ Leave employment
- ☐ Transfer out of CIGNA Dental Care area
- ☐ Transfer to another plan

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of insurance fraud. (In Florida, this is a felony of the third degree.)

NOTE: PLEASE COMPLETE ALL INFORMATION

NAME *(Last, FIrst, Middle Initial)*	SOCIAL SECURITY NUMBER
	- -

ADDRESS	*Apt. #*	*City*	*State*	*Zip Code*

TELEPHONE
Home: ( ) Work: ( )

EMPLOYER	DATE EMPLOYED	DATE OF BIRTH

SELECT PLAN:
☐ CIGNA Dental Care ☐ CIGNA Dental PPO ☐ CIGNA Traditional

EMPLOYEE IDENTIFICATION NUMBER (if *applIcable)*

CIGNA DENTAL HEALTH GROUP #	DIVISION I CLASS I LOCATION	CONNECTICUT GENERAL GROUP # (itapplicable)

Please submit proof of student or handicapped status for overage dependents.

COMPLETE FOR ALL PERSONS TO BE COVERED

RELATION-SHI	NAME *(include last name if different)*	ADDRESS *(ifdifferent)*	SE	DATE OF BIRTH	DENTAL OFFICE SELECTION 1st Choice	2nd Choice	*(check one)* ADD	CANCEL
Self Soc. Sec.			☐ M ☐ F	- -			☐	☐
Spouse Soc. sec.			☐ M ☐ F	- -			☐	☐
Child Soc. Sec.			☐ M ☐ F	- -			☐	☐
Child Soc. Sec. #			☐ M ☐ F	- -			☐	☐
Child Soc. Sec. #			☐ M ☐ F	- -			☐	☐

I accept the coverage / insurance benefits provided by this group dental plan and authorize the processing of my enrollment in the dental coverage as indicated on this form. I authorize deduction from my earnings of the required contributions, if any, toward the cost of the coverage.

I authorize payment of dental benefits to the provider of dental care.

I authorize any participating dental office to release dental records and billing information concerning me or my dependents to CIGNA Dental Health and Connecticut General Life Insurance Company for purposes of plan administration or for the purpose of validating and determining benefits payable. I further authorize CIGNA Dental Health and Connecticut General Life Insurance Company to release any records or information concerning me or my dependents to its designee, for purposes of plan administration and customer service.

California law prohibits an HIV test from being required or used by health insurance companies as a condition of obtaining health insurance coverage. CIGNA Dental Health and Connecticut General Life Insurance Company do not require such tests in any state as a condition of obtaining dental coverage.

I have read and accept the provisions printed

SIGNATURE	DAT

CIGNA Dental refers to the following operating subsidiaries of CIGNA Corporation: Connecticut General Life Insurance Company and CIGNA Dental Health, hic., and its operating subsidiaries. The CIGNA Dental Care plan is provided by CIGNA Dental Health Plan of Arizona, Inc., CIGNA Dental Health of Calit - ornia, Inc., CIGNA Dental Health ot Colorado,]tic-, CIGNA Dental Health of Delaware, Inc., CIGNA Dental Health of Florida, Inc., a Prepaid Limited Health Services Organi7ation licensed under

Chapter 630, I'loricla Statutes, CIGNA Dental Health of Kansas, Inc- (Kansas and Nebraska), CIGNA Dental Health of Kentucky, Inc., CIGNA Dental Ilealth ot Maryland, Inc., CIGNi\ Dental I lealth of New Jersey, Inc., CIGNA Dental Health of New Mexico, Inc., CIGNA Dental Health of North Carolina, Inc., CIGNA Dental Health of Ohio, Inc , CI(;NA Dental Hcalth ot Pennsylvania, Inc., CIGNA Dental Health of Texas, Inc. In other states, the CIGNA Dental Care plan is underwritten by Connecticut General Lifu Insurance Company and administered by CIGNA Dental Health, Inc. The CIGNA Dental PPO is underwritten or administered by Connecticut General life Insurance Company with no,~twork management services provided by CIGNA Dental Health, Inc., and its operating subsidiaries. The CIGNA Traditional plan is underwritten or adtiiiiikt(~rcd by Connecticut General Life Insurance Company.