ENROLLMENT/CHANGE FORM

TYPE PROGRAM

- ☐ ConcordiaPLUS
- ☐ Concordia Select
- ☐ Concordia Preferred
- ☐ Concordia Flex

- ☐ New Enrollment
- ☐ Change (specify)
  - ☐ Add Dependent/Spouse
  - ☐ Change Dentist
  - ☐ New Address
  - ☐ Change of Employee Status
  - ☐ Cancel Dependent/Spouse
  - ☐ Cancel Contract
  - ☐ Reinstate
  - ☐ Other (specify): _____

United Concordia Companies, Inc.

EFFECTIVE DATE

GROUP NUMBER | SUB GRP

NOTE: Incomplete information on this form will delay your enrollment.

Social Security Number	Employee Name (Last, First, Middle Initial)		Date of Birth
Home Address			Home Phone ( )
City	State	Zip Code	Work Phone ( )
Date of Marriage / /	Marital Status: ☐ Single ☐ Married ☐ Widowed ☐ Divorced ☐ Separated		
Previous Dental Insurance			
Employer Name	Employer Address		
Date Hired / /	Employee Number	Employee Type: ☐ Current ☐ New ☐ Rehire ☐ Open Enrollment ☐ COBRA	
Employee Status: ☐ Hourly ☐ Salaried (Union Represented) ☐ Management ☐ Salaried (Not Union Represented) ☐ COBRA ☐ Retiree			

PLEASE LIST HERE ALL FAMILY MEMBERS TO BE COVERED BY THIS ENROLLMENT.

Last Name	First Name	MI	Sex	Date of Birth	Social Security Number	For ConcordiaPLUS, provide your Primary Care Dentist No. from listing provided (If current dentist ✓ block)	
Self				/ /	- -		
Spouse				/ /	- -		
Child				/ /	- -		
Child				/ /	- -		
Child				/ /	- -		

IF ANY OF THE CHILDREN LISTED ABOVE ARE HANDICAPPED (H), FULL-TIME STUDENTS (S) AGE 19 AND OVER, OR GRANDCHILDREN (G), PLEASE MARK AN "H", "S", OR "G" BESIDE THE CHILD'S NAME.

Important: Do you or your dependent(s) have other Group Dental Coverage? ☐ Yes ☐ No

If your answer to the above question is yes, please complete the following information.

Name of Insured	Insurance Company	Policy Number
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IMPORTANT: PLEASE READ AND SIGN BELOW. I REPRESENT THAT ALL INFORMATION SUPPLIED IN THIS APPLICATION IS TRUE AND COMPLETE.

Employee's Signature: _____ Date: _____

Employer's Signature: _____ Phone No: _____ Date: _____

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White - PBS **Yellow** - Employer **Pink** - Employee (Temporary I.D.)