DentalSelect

Employee Enrollment Form

Phone: 800-999-9789 **Fax:** 888-998-8704 **www.dentalselect.com**

Must be completed in FULL – PLEASE PRINT – Enrollment is not valid without signature at the bottom of this page.

☐ No Benefit ☐ Dental ☐ Vision ☐ AD&D	First Name	Last Name
Mailing Address		
City	State	Zip Code
Phone Text: ☐ Yes ☐ No	Date of Birth (MM/DD/YYYY)	
Email Address		
SSN/Member ID#	Marital Status ☐ Married ☐ Single	Gender ☐ Male ☐ Female
Effective Date (MM/DD/YY)	Date of Hire (Required) (MM/DD/YY)	
Group Number	Subgroup/Dept. #	
Employer's Full Name		
Employer's Address		

Coverage Selection - Confirm available options with your employer. Check all that apply.

Dental Plan

- ☐ Discount - Silver
- ☐ Co-Pay - Gold
- ☐ Co-Pay - Platinum
- ☐ Co-Insurance PPO* - Gold
- ☐ Co-Insurance PPO/MAC - Platinum
- ☐ Co-Insurance Passive PPO/Indemnity - Platinum
- ☐ ACA EHB Child Only
- ☐ Other ___________________

* Where permitted by law

Dual Options - If applicable, select High or Low to indicate plan type, otherwise leave blank.

☐ High ☐ Low

Vision Plan

☐ Vis 1 ☐ Vis 2 ☐ Vis 3 ☐ Vis 4 ☐ Vis 5 ☐ Vis 6
☐ Vis 7 ☐ Vis 8 ☐ Vis 9 ☐ Vis 10 ☐ Vis 11
☐ Other _____________

AD&D Plan Option - Utah & Texas Only

Contributory - Amount $_______________

- ☐ Employee (Complete beneficiary info on Designation Form)
- ☐ Employee & Family (Complete individuals covered and sign page 2)

Voluntary

☐ AD&D - Amount $_______________ (Complete beneficiary info on Designation Form)

Principal Sums range from $10,000 to $250,000. Refer to plan flyer for specifications.

Individuals Covered - List individuals for whom you are enrolling and select plan option.

Plan	Name	Gender	SSN	Date of Birth - (MM/DD/YYYY)
☐ Dental ☐ Vision ☐ AD&D	Spouse Name - (Last, First, MI)	☐ Male ☐ Female		
☐ Dental ☐ Vision ☐ AD&D	Dependent Name - (Last, First, MI)	☐ Male ☐ Female		
☐ Dental ☐ Vision ☐ AD&D	Dependent Name - (Last, First, MI)	☐ Male ☐ Female		
☐ Dental ☐ Vision ☐ AD&D	Dependent Name - (Last, First, MI)	☐ Male ☐ Female		
☐ Dental ☐ Vision ☐ AD&D	Dependent Name - (Last, First, MI)	☐ Male ☐ Female		

For additional dependents include the Dependent Enrollment Form

Covered by other DENTAL Insurance? ☐ Yes ☐ No	If Yes, Name of other Dental Insurance Company	Name of Person Insured	Social Security Number

Authorization of Coverage

Authorization ☐ Check here to waive if no coverage is desired ☐ Check here to waive if you have additional coverage through another policy

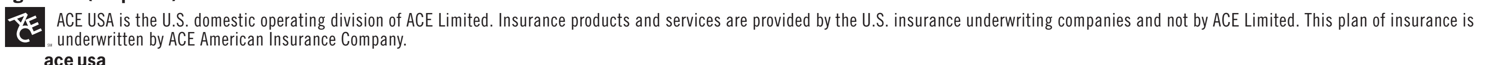
I understand my information is protected by privacy laws and will be released only in accordance with these laws. The only people who have access to this information are employees of the Insurance Company who service my policy or claims and other third parties authorized by the Insurance Company. Information may be disclosed to those who have an insurance-related regulatory or legal need for the information. In other situations, We will ask you for written authorization to disclose information about you.

WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

Fraud Warning for Kentucky Applicants:
WARNING: 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.

I agree and understand that if my employer is contributing towards the cost of any of the insurance products I have chosen to decline, I will not be entitled to any compensation for my non-participation.

Signature (Required) ________________________________ Date ______________



ACE USA is the U.S. domestic operating division of ACE Limited. Insurance products and services are provided by the U.S. insurance underwriting companies and not by ACE Limited. This plan of insurance is underwritten by ACE American Insurance Company.

ace usa