

Dental Enrollment/Change Form

1. Member Information						
Last Name		First Name		Rank	TAX ID	
Address		City		State	Zip Code	
Home/Cell Phone		Email		Gender <input type="checkbox"/> M <input type="checkbox"/> F	Status Please check one: <input type="checkbox"/> Active <input type="checkbox"/> Retired	
2. Dental Plan Selection						
<input type="checkbox"/> UHC PPO 10 (SOC's Premium Free Default Plan)		<input type="checkbox"/> CAREINGTON BUY-UP PLAN (Member Cost Share Plan) Members choosing this plan will be committing to a two-year enrollment period. Disenrolling will be on a rolling basis. Please check one: <input type="checkbox"/> Active \$24.50 Bi-weekly Payroll Deduction <input type="checkbox"/> Retired \$49.00 Monthly Pension Deduction			<input type="checkbox"/> UHC DHMO (Premium Free Managed Care Plan)	
Considerations UHC PPO 10		Considerations Careington Buy-Up Plan			Considerations DHMO	
<ul style="list-style-type: none"> • Large Network of Providers • Co-pays for many services • Minimal out of network reimbursement • \$2000 annual family maximum 		<ul style="list-style-type: none"> • Largest National Provider Network • No co-pays for covered preventive, basic and major services • Cost share plan, member has monthly premiums. • Highest out of network reimbursement • Annual maximum of \$3000 per individual 			<ul style="list-style-type: none"> • Extensive number of procedures covered with no co-pays. • Implant coverage available with co-pays • Smallest provider network • No out of network reimbursements • No annual maximum 	
3. Dependent(s)						
Last Name	First Name	Relationship	Sex	DOB		
				Month	Day	Year
_____			_____			
Member Signature			MM/DD/YYYY			