DENTCARE DELIVERY SYSTEMS, INC.

Administered by: HEALTHPLEX THE DENTAL BENEFIT EXPERTS℠

DUAL OPTION ENROLLMENT FORM

EMPLOYER INFORMATION

Employer's Name	LOCAL 100-TWU
Group Number	Effective Date

MEMBER INFORMATION

BSC #	SSN		
Last Name	First Name	M.I.	
Address	City	State	Zip Code
Home Phone	Email Address	Gender ☐ M ☐ F	D.O.B.
Other Dental Coverage ☐ Yes ☐ No	Name of other plan (if applicable)		

MARITAL STATUS

☐ Single ☐ Domestic Partners ☐ Married ☐ Divorced/Widow

DEPENDENTS TO BE COVERED - Spouse, Domestic Partner & Unmarried Children. Dependent Children are covered up to their 19th birthday, or up to their 23rd birthday if a full-time student.

		Check Appropriate Box			
Last Name, First Name	M/F	Spouse/D.P. ☐	Son ☐	Dtr ☐	D.O.B.
Last Name, First Name	M/F	Spouse/D.P. ☐	Son ☐	Dtr ☐	D.O.B.
Last Name, First Name	M/F	Spouse/D.P. ☐	Son ☐	Dtr ☐	D.O.B.
Last Name, First Name	M/F	Spouse/D.P. ☐	Son ☐	Dtr ☐	D.O.B.
Last Name, First Name	M/F	Spouse/D.P. ☐	Son ☐	Dtr ☐	D.O.B.

Select One Plan

☐ Managed Care Plan* ☐ PPO Plan

***DENTAL SELECTION - Please choose one Primary Care Dentist from the Dentcare Comprehensive Directory - One Per Family**

Dentist Name	Dentist Site Code

By signing below, I affirm that I am employed by the above-referenced employer/group. I understand that my employer is responsible for the payment of monthly premium due to Dentcare Delivery Systems, Inc. for dental coverage.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim 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, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each violation.

Signature	Date

Administerd By:

HEALTHPLEX, INC.

333 Earle Ovington Blvd., Suite 300 ♦ Uniondale, New York 11553-3608 ♦ www.healthplex.com

P 844-TWU-HPLX ♦ F 516-227-0582 ♦ E info @healthplex.com