

5000 (05/10)

## UNITED CONCORDIA® Dental Enrollment Form

For New Enrollment, please complete ALL sections of this form. For Enrollment Changes, please select the applicable "Type of Activity" in Section A and provide the identification number and employee name in Section C (also complete Section D for dependent changes).

Fill in circles completely:





For best results, print in capital letters and avoid contact with edge of box.

Example: A B C

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1. TYPE OF PROGRAM  OFFS—Indemnity, Active PPO, Passive PPO (Please specify)  Oconcordia Access Concordia Choice Concordia Flex Concordia Preferred Concordia Select Other  DHMO (Please specify) Concordia Plus Other  Provider Number (DHMO only)												2. TYPE OF ACTIVITY  New Enrollment  Cancel Coverage  Cancel All Coverage (Employee & All Dependents)  Cancel Dependent(s) Only (List dependents to be cancelled in Section D)  Cancel Spouse Only (List spouse to be cancelled in Section D)  Change (Include Group Number in Section B)  Add Dependent (e.g., spouse, domestic partner, child, etc.)  Change Address  Reinstate Coverage  Change Group Number  Change Provider  Change Name  To COBRA Group  Other													SECTION B: EMPLOYER USE ONLY Employer Name  Group Number (9 digits)  UCCI Payroll Location											
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