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)											2. TYPE OF ACTIVITY												Effective Date (mm/dd/yyyy)												
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(Please specify)											O Cancel Coverage O Cancel All Coverage (Employee & All Dependents)												- 1	/		- 1	/								
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	O DI	HMO (	Please	specify	1)						(e.g., spouse, domestic partner, child, etc.) O Change Address												Group Number (9 digits)												
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