

The Dental Network, Inc.
 10455 Mill Run Circle
 Owings Mills, MD 21117-4208
 www.carefirst.com

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EMPLOYEE ENROLLMENT FORM

THIS IS NOT AN APPLICATION FOR INSURANCE

1. ENROLLEE INFORMATION

EFFECTIVE DATE OF COVERAGE: _____

Last Name	First Name	MI	Social Security Number - -	
Street Address			Apartment No.	Employment Date / /
City		State	Zip Code	
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth / /	Home Phone Number () -	Business Phone Number () -	Ext.
Name of Employer			Cell Phone Number	

2. COVERAGE SELECTION

Individual
 Individual and Child
 Individual and Adult
 Family

A "Child" means your eligible child up to age 26. Eligibility requirements are defined in your contract.
An "Adult" means the Spouse or Partner who satisfies the eligibility requirements defined in your contract.

3. IN ORDER FOR POLICY TO BECOME EFFECTIVE DENTAL OFFICE MUST BE SELECTED:

Dental Office Selected: _____ Code No.: _____

4. DEPENDENTS: LIST ONLY COVERED DEPENDENTS BELOW:

	LAST NAME	FIRST NAME	MI	SEX (M/F)	BIRTH DATE	SOCIAL SECURITY NUMBER	DENTAL OFFICE CODE
Spouse/ Partner							
Child							
Child							
Child							

5. ADDITIONAL DEPENDENT INFORMATION

Are any of your dependents disabled? Yes No
 Name _____

I hereby enroll, on behalf of myself and each dependent listed above, for the coverage indicated. Coverage will be provided according to the terms and conditions of the contract between The Dental Network, Inc., and my employer. I agree to pay current and future charges for the coverage provided in excess of any employer contribution.

Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

If you have any questions concerning the benefits and services that are provided by or excluded under the coverage for which you are applying, please contact a membership services representative before signing this form.

ENROLLEE SIGNATURE: _____

DATE: _____