DENTCARE
DELIVERY SYSTEMS, INC.

Dentcare Delivery Systems, Inc.
Attention: Enrollments Department
333 Earle Ovington Blvd., 3rd Floor
Uniondale, NY 11553-3608
P 800-468-0608 F 516-227-0582

Managed Care Enrollment Form

Employer Information

Employer's Name			
Group Number: GG-668M01 Local 100 - TWU		Effective Date	

Member Information

Last Name	First Name	M.I.	SSN/ID #	
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 Dependent Children. Dependent eligibility is governed by your group's contract - if over 19 and student verification is required for your group, please attach documentation).

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

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. Coverage may be rescinded or terminated to the extent permitted by law. In addition, I agree to be liable for any claims presented and paid as a result of such fraudulent act.

Signature	Date