UTAH

GROUP DENTAL ENROLLMENT FORM

TOTAL DENTAL ADMINISTRATORS, INC.

☐ New Employee	☐ Add Coverage	☐ Change Dependent	☐ Address Change	☐ Cancel Coverage

Name of School:

CARBON

TDA-COMPANION		TDA-PPO/MAC		Elite Choice		Premium High DHMO	
☐ Single	$37.99	☐ Single	$31.42	☐ Single	$26.40	☐ Single	$12.32
☐ Two-Party	$78.67	☐ Two-Party	$65.05	☐ Two-Party	$51.72	☐ Two-Party	$25.56
☐ Family	$127.91	☐ Family	$105.77	☐ Family	$84.20	☐ Family	$38.98

Dental Office Selected #_____

Social Security Number	**Effective Date** Month / Day / Year	**Date Employed Fulltime** Month / Day / Year	**Hours Worked Per Week**

Your Name (Last), (First), (MI)	**Date of Birth** Month / Day / Year	**Sex:** Male: ☐ Female: ☐

Home Address:	**Home Phone Number:**
	Work Phone Number:
Do you have any other Dental coverage? If so, Carrier	**Email Address:**

Complete for Dependent Coverage:

	Spouse Name: (Last), (First), (MI) / **Sex:**	**Date of Birth:**	**Do any of your dependents have any other dental coverage?**	**If so, Name of Carrier:**
	/	/ /	☐ Yes ☐ No	
CHILDREN	**1.** /	/ /	☐ Yes ☐ No	
	2. /	/ /	☐ Yes ☐ No	
	3. /	/ /	☐ Yes ☐ No	
	4. /	/ /	☐ Yes ☐ No	
	5. /	/ /	☐ Yes ☐ No	
	6. /	/ /	☐ Yes ☐ No	

Fraud Warning (Not Applicable in AZ): Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or a 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 subjects such person to criminal and civil penalties.

I elect the dental coverage selected for which I am eligible. If any contribution from me is necessary to pay part of the cost of insurance. I authorize my employer to deduct the contribution from my wages.

Date **Employee Signature:**

Refusal of Group Dental Coverage: I have been offered this insurance coverage and decline to purchase it at this time. I understand that in the event I desire such insurance at a later date, I will be required to furnish evidence of insurability at my own expense, and the company will have the right to refuse any request.

Date **Employee Signature:**

For Personnel Use Only

Approved By: **Effective Date:**

Return To: 2011

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