CIGNA Dental Enrollment Form

Employer: Complete Section A
Employee: Complete Sections B, C & D

CIGNA Dental Health, Inc.
Insured dental plans underwritten by
Connecticut General Life Insurance Company
P.O. Box 22170
Tempe, AZ 85285-2170

Please print and thank you for providing this information

A

☐ OPEN ENROLL. ☐ CHANGE ☐ NEW ENROLL. ☐ REINSTATE

EFFECTIVE DATE OF ADD/CHANGE/CANCELLATION (MM/DD/CCYY):

EMPLOYER NAME: Hempstead Public Schools

EMPLOYER ADDRESS: 185 Peninsula Blvd Hempstead, NY 11550

CIGNA ACCOUNT NO.	DIVISION/BRANCH/LOCATION/CLASS	DATE OF HIRE (MM/DD/CCYY)	NETWORK ID	BRANCH CODE	CDH GROUP NO.	DENTAL BENEFIT OPTION

TYPE OF CHANGE:

- ☐ Add Dependent(s) * Date: _____
- ☐ Cancel Employee Last Date of Coverage: _____
- ☐ Cancel Dependent(s) * Last Date of Coverage: _____
  - Reason for Cancellation:
  - ☐ Leave employment
  - ☐ Transfer out of CIGNA Dental Care area
  - ☐ Transfer to another plan
- ☐ Address Change
- ☐ Transfer to COBRA
  - ☐ 18 mos. ☐ 29 mos. ☐ 36 mos.
- ☐ Other _____

* List Names in Section C

B

EMPLOYEE NAME (Last) (First) (M.I.)

SOCIAL SECURITY NO.

EMPLOYEE DATE OF BIRTH

HOME PHONE ( )

WORK PHONE ( )

HOME E-MAIL ADDRESS

EMPLOYEE IDENTIFICATION NUMBER

ADDRESS (Street) (City) (State) (Zip Code)

WHAT IS YOUR PRIMARY LANGUAGE? (optional)

DO YOU HAVE A DISABILITY AFFECTING YOUR ABILITY TO COMMUNICATE OR READ? (optional) ☐ Yes ☐ No

SELECT PLAN: ☐ CIGNA Dental Care ☐ CIGNA Dental EPO ☐ CIGNA Dental PPO ☐ CIGNA Traditional

C

I WOULD LIKE COVERAGE FOR ME AND MY DEPENDENTS. (Specify last name if different from yours) Last Name / First Name / M.I.	DEPENDENT SOCIAL SECURITY NO.	DATE OF BIRTH MM DD CCYY	GENDER	FULL-TIME STUDENT? Yes No	DENTAL OFFICE SELECTION (for CIGNA Dental Care only)	START DATE OF CONTINUOUS DENTAL COVERAGE (for CIGNA Dental PPO only) (Month, Day, Year)	(check one)
Employee			☐ M ☐ F		1st Choice - 2nd Choice -		☐ Add ☐ Cancel
Spouse			☐ M ☐ F		1st Choice - 2nd Choice -		☐ Add ☐ Cancel
Dependent Relationship			☐ M ☐ F		1st Choice - 2nd Choice -		☐ Add ☐ Cancel
Dependent Relationship			☐ M ☐ F		1st Choice - 2nd Choice -		☐ Add ☐ Cancel
Dependent Relationship			☐ M ☐ F		1st Choice - 2nd Choice -		☐ Add ☐ Cancel

Please submit proof of student or handicapped status for overage dependents.
The original effective date must be completed for each member in order for continuous coverage credit to be applied toward waiting period.

D

SIGNATURE - The information provided above is true and correct to the best of my knowledge, and I accept the provisions on the reverse side of this form which I have read and understand.

EMPLOYEE'S SIGNATURE / DATE

CIGNA Dental refers to the following operating subsidiaries of CIGNA Corporation: Connecticut General Life Insurance Company and CIGNA Dental Health, Inc., and its operating subsidiaries and affiliates. The CIGNA Dental Care plan is provided by CIGNA Dental Health Plan of Arizona, Inc., CIGNA Dental Health of California, Inc., CIGNA Dental Care of Colorado, Inc., CIGNA HealthCare of Connecticut, Inc., CIGNA Dental Health of Delaware, Inc., CIGNA Dental Health of Florida, Inc., a Prepaid Limited Health Services Organization licensed under Chapter 636, Florida Statutes, CIGNA Dental Health of Kansas, Inc. (Kansas and Nebraska), CIGNA Dental Health of Kentucky, Inc., CIGNA Dental Health of Illinois, Inc., CIGNA Dental Health of Maryland, Inc., CIGNA Dental Health of Missouri, Inc., CIGNA Dental Health of New Jersey, Inc., CIGNA Dental Health of North Carolina, Inc., CIGNA Dental Health of Ohio, Inc., CIGNA Dental Health of Pennsylvania, Inc., CIGNA Dental Health of Texas, Inc., and CIGNA Dental Health of Virginia, Inc. In other states, the CIGNA Dental Care plan is underwritten by Connecticut General Life Insurance Company and administered by CIGNA Dental Health, Inc. The CIGNA Dental PPO and CIGNA Dental EPO plans are underwritten or administered by Connecticut General Life Insurance Company with network management services provided by CIGNA Dental Health, Inc., and certain of its operating subsidiaries. The CIGNA Traditional plan is underwritten or administered by Connecticut General Life Insurance Company.

NOTE: Not all products are available for all clients or all states. Check your enrollment materials carefully to see what is offered for your group.