

Altus Dental Insurance Company, Inc.
PO Box 1557
Providence, RI 02901-1557
877-223-0588

GROUP INFORMATION			
To be completed by Human Resources or Benefit Administrator.			
Employer / Group Name			Group No.
Dental Division No.	Vision Division No.	Date of Hire	Location No. (if applicable)

I. SUBSCRIBER INFORMATION

Subscriber Name (First, Last)		Date of Birth (MM/DD/YYYY)		Social Security / I.D. #	
Street Address / P.O. Box No.		Apt. No.	City	State	Zip
Preferred Mobile Number			Preferred Email		

II. ENROLLMENT INFORMATION

Effective Date of Action (MM/DD/YYYY)		TYPE OF COVERAGE <i>Check all that apply.</i>			
		☐ Dental ☐ Vision			
QUALIFYING EVENT	☐ Open Enrollment ☐ New Hire/Re-hire	☐ Marriage ☐ Divorce	☐ Birth or Adoption ☐ Workers' Compensation	☐ Return from Leave of Absence ☐ Loss of Coverage	☐ Full-Time/Part-Time Status ☐ Death of a Member
ACTION CODE <i>Check one.</i>	<u>ADDITIONS</u> ☐ New Subscriber ☐ Add Dependent to Family ☐ Reinstatement	<u>TERMINATION</u> ☐ Remove Subscriber ☐ Remove Dependent <i>List name in Section III</i>	<u>STATUS CHANGE</u> ☐ Name / Address Change ☐ Transfer from Division # _____ to # _____ ☐ Change Type of Coverage	<u>COBRA</u> ☐ Reinstatement of Subscriber ☐ Addition of Dependent Prior ID # _____	

III. DEPENDENT INFORMATION

First Name	Last Name (if different)	Date of Birth (MM/DD/YYYY)	Relationship	Enroll In:	
				Dental	Vision
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐

I certify that all information is correct to the best of my knowledge. I understand that the effective date and termination date of my membership will be determined by my employer or plan sponsor in accordance with underwriting guidelines. If my employer requires employee contributions for this coverage, I authorize the deductions of these amounts from my wages periodically.

Employee Signature

Date

Benefits Administrator Authorization

Date

NOTICE OF NONDISCRIMINATION AND ACCESSIBILITY POLICY

Altus Dental does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Español (Spanish): ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-223-0588.

Português (Portuguese): ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-877-223-0588.