HEALTHPLEX
THE DENTAL BENEFIT EXPERTS

# Dental Plan Enrollment Form

**FOR DENTAL PLANS BY DENTCARE DELIVERY SYSTEMS, INC., INTERNATIONAL HEALTHCARE SERVICES, INC., HEALTHPLEX INSURANCE COMPANY, OR HEALTHPLEX, INC.**

## Employee Information

| Last Name | First Name | M.I. | SSN/ID Number | |
|---|---|---|---|---|
| Address | City | | State | Zip Code |
| Home Phone | Work Phone | Gender | | D.O.B. |
| Employer Name/Group | Group Number | Effective Date | | Date of Hire |
| Other Dental Coverage: ☐ NO ☐ YES | Name of Other Plan (if applicable): | | | |

## Group Plan Selection

| | | | | |
|---|---|---|---|---|
| ☐ CapDent New York | ☐ CapDent Plus New York | ☐ CapDent Plus Ultra<br>☐ Preferred Choice Plan | ☐ Omni PPO | ☐ Comprehensive Voluntary<br>☐ Low Option<br>☐ Medium Option<br>☐ High Option<br>☐ High Enhanced Option |
| ☐ CapDent New Jersey | ☐ CapDent Plus New Jersey<br>☐ Primary ☐ EPO | ☐ CapDent Select<br>☐ CapDent Select Plus | ☐ Healthplex Insurance Company Plan | |

| Coverage Selected | Dental Selection | | |
|---|---|---|---|
| ☐ Single ☐ Two Party ☐ Family | Dentist Name | Dentist Site Code | **For Managed Care Plans - Please choose one Primary Care Dentist from the CapDent Directory - One Per Family** |

## Dependents To Be Covered (Spouse, Domestic Partner & unmarried dependent children) *

If your child is over the age of 18, you must submit student documentation.

| Last Name, First Name | M/F | Spouse/D.P. | Son | Dtr | D.O.B. |
|---|---|---|---|---|---|
| Last Name, First Name | M/F | Spouse/D.P. | Son | Dtr | D.O.B. |
| Last Name, First Name | M/F | Spouse/D.P. | Son | Dtr | D.O.B. |
| Last Name, First Name | M/F | Spouse/D.P. | Son | Dtr | D.O.B. |
| *Last Name, First Name | M/F | Spouse/D.P. | Son | Dtr | D.O.B. |
| *Last Name, First Name | M/F | Spouse/D.P. | Son | Dtr | D.O.B. |

***There is an additional monthly premium of $10.00 for each family member in excess of five (5).**

| Signature | Date |
|---|---|

## Broker Information

| Broker Name | SSN/Tax ID # |
|---|---|

**Any person who includes any false or misleading information on an application for an Insurance Policy is subject to criminal and civil penalties.**

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**"PLEASE PRINT OR TYPE ALL INFORMATION"**