

CITY OF ST. LOUIS DENTAL ENROLLMENT FORM

UNITED CONCORDIA DENTAL

If you are a new enrollment, please complete all sections of this form. For enrollment changes, complete the applicable "Type of Activity" change(s) in Section A along with the identification number and employee name in Section B and Section C for dependent changes.

SECTION A: GENERAL INFORMATION						
TYPE OF ACTIVITY <input type="checkbox"/> New Enrollment <input type="checkbox"/> Cancel Coverage <input type="checkbox"/> Cancel All Coverage (Employee and All Dependents) <input type="checkbox"/> Cancel Dependent(s) Only (List Dependents to be Canceled) <input type="checkbox"/> Change (Please Specify) <input type="checkbox"/> Add Dependent (e.g. Spouse, domestic partner, child, etc.) <input type="checkbox"/> Change Address <input type="checkbox"/> Reinstate Coverage <input type="checkbox"/> Change Name <input type="checkbox"/> Change Group Number <input type="checkbox"/> Change Provider <input type="checkbox"/> COBRA <input type="checkbox"/> Other (describe)	Effective Date: <div style="text-align: center;"> Employer Name City of St. Louis GROUP NUMBER 821636 <input type="checkbox"/> Subgroup 001 - With ortho <input type="checkbox"/> Subgroup 002 - No ortho </div>					
SECTION B: EMPLOYEE INFORMATION - Please Print clearly to expedite your request						
1. Identification Number (For example, Social Security Number)				2. Date of Birth		
3. Employee Name (Last, First, Middle Initial)						
4. Home Address			5. City, State, Zip			
SECTION C: DEPENDENT INFORMATION Please list added or cancelled dependents in this section. For more than five dependent children, complete/attach additional form. If dependents children listed in this section are disabled, please complete Dependent Certification Form and attach.						
1. Identification Number (For Example, Social Security Number)	2. Type	3. Last Name	4. First Name	5. MI	6. Sex	7. Date of Birth
	Spouse/Domestic Partner					
	Dependent					
	Dependent					
	Dependent					
	Dependent					
	Dependent					
SECTION D: OTHER DENTAL COVERAGE Do you or your dependent(s) have other Group Dental Coverage? Yes <input type="checkbox"/> No <input type="checkbox"/>						
If your answer is yes, please complete the following information.						
Policy Holder	Insurance Company	Policy/Identification Number		Effective Date (mm/dd/yyyy)		

I represent that all information supplied in this application is true and correct. Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act which is a crime.

Employee Signature _____ Phone Number _____ Date _____

Employer Signature _____ Phone Number _____ Date _____

REGULATORY INFORMATION

This package briefly describes the dental coverage offered through United Concordia Companies, Inc., and/or its licensed affiliates ("United Concordia"). Please refer to the Certificate of Insurance and Schedule of Benefits for a complete listing of covered services, limitations, exclusions, and cancellation and renewal provisions. In case of conflict, the Plan Documents will govern. All plans and benefits are governed by the applicable Plan Documents and state laws which may require immediate changes to benefits or other features. Please contact a United Concordia representative to obtain details on current coverage, exclusions, limitations, renewal and cancellation provisions, and costs. United Concordia policies cover dental benefits only.

Concordia Flex, Concordia Select*, Concordia Access and Concordia Choice are underwritten by: United Concordia Insurance Company in AK, AZ, AR, CA, CO, CT, FL, GA, HI, ID, IN, IA, KS, LA, ME, MA, MI, MN, MS, MT, NE, NV, NH, NM, ND, OH, OK, OR, RI, SC, SD, TN, TX, UT, VA, VT, WA, WV, WI and WY; United Concordia Dental Corporation of Alabama in AL; United Concordia Life and Health Insurance Company in DE, DC, IL, KY, MD, MO, NJ, NC and PA; and United Concordia Insurance Company of New York in NY. Discount vision plans offered with United Concordia products are not administered or underwritten by United Concordia. Discount vision plans are administered by Davis Vision, Inc. and are delivered under separate contract. United Concordia Insurance Company, California certificate of authority number 3739-0, is domiciled in Arizona at its statutory address, 2198 East Camelback Road, Suite 260, Phoenix, AZ 85016. ***Concordia Select** is not available in FL. United Concordia Insurance Company is not licensed in AL, DE, DC, IL, KY, MD, MO, NJ, NY, NC, and PA.

Concordia Preferred is underwritten by the United Concordia affiliates indicated above and is available to groups headquartered in all of the listed states except GA, LA, ME, MS, NJ, NC and TX.

Concordia Flex, Concordia Select, Concordia Preferred, Concordia Access and Concordia Choice are currently not available on an insured basis for employers/groups situated in the Commonwealth of Puerto Rico, or any territory or jurisdiction outside of the continental United States.

Available Concordia products detailed above are underwritten by United Concordia Insurance Company in OK and written on OK policy forms OK9802 (11/07) and OK9802L (11/07).

Concordia Plus is underwritten by:

- United Concordia Dental Corporation of Alabama in AL
- United Concordia Dental Plans of California, Inc. in CA
- United Concordia Dental Plans of Florida, Inc., a prepaid limited health service organization
- United Concordia Dental Plans of Kentucky, Inc. in KY
- United Concordia Dental Plans, Inc. in MD and DC
- United Concordia Dental Plans of the Mid-West, Inc. in MO and OH
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Please contact your local United Concordia account representative for further details on the limited service areas in the following states where **Concordia Plus** is underwritten by:

- United Concordia Dental Plans of Pennsylvania, Inc. in PA, a preferred provider organization
- United Concordia Dental Plans of Texas, Inc. in TX
- United Concordia Dental Plans, Inc. in NJ, a dental plan organization
- United Concordia Dental Plans of the Mid-West, Inc. in MI

Concordia Plus members must select or will be assigned a primary care provider. Care must be provided by a network provider unless authorized by the company or a Point of Service plan is purchased. In-network specialty services require a referral from the patient's assigned primary care provider. Point of service plans are available in AL, DC, KY and MD only.

Concordia Plus is currently not available for employers/groups situated in the states of: AK, AZ, AR, CO, CT, DE, GA, HI, ID, IL, IN, IA, KS, LA, NE, NV, NH, NM, NY, NC, ND, ME, MA, MN, MS, MT, OK, OR, RI, SC, SD, TN, UT, VA, VT, WA, WV, WI, WY, the Commonwealth of Puerto Rico, or in any jurisdiction outside of the continental United States. This advertisement is not a solicitation of coverage in these jurisdictions.

United Concordia Companies Inc., and/or its licensed corporate affiliates (United Concordia), administrative office: 4401 Deer Path Road, Harrisburg, PA 17110. United Concordia's licensed affiliates have sole financial responsibility for their products.