

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.	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		□ Dental	
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 Check one.	ADDITIONS □ New Subscriber □ Add Dependent to Family □ Reinstatement	TERMINATION □ Remove Subscriber □ Remove Dependent List name in Section III	STATUS CHANGE □ Name / Address Change □ Transfer from Division # _____ to # _____	COBRA □ Reinstate 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
				<input type="checkbox"/>

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.