altus dental Altus Vision

ENROLLMENT FORM

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 INFO	RMATION							
Subscriber Name (First,	scriber Name (First, Last)		Date of Birth (MM/DD/YYYY)		Social Security / I.D. #			
Street Address / P.O. Bo	ox No.	Apt.	. No.	City		State		Zip
Preferred Mobile Numbe	er			Preferred Email				
II. ENROLLMENT INF	ORMATION							
Effective Date of Action	(MM/DD/YYYY)			TYPE OF COVERAGE Check all that apply.	Dental Vision			
QUALIFYING EVENT	Open Enrollment New Hire/Re-hire	☐ Marriage☐ Divorce		Birth or AdoptionWorkers' Compensation	 Return from Le Loss of Covera 			-Time/Part-Time Status ath of a Member
ACTION CODE Check one.	ADDITIONS New Subscriber Add Dependent to Family Reinstatement	TERMINATION Remove Subscriber Remove Dependent List name in Section	t	STATUS CHANGE Name / Address Change Transfer from Division # Change Type of Coverage	to #_		Sub Add	A nstatement of oscriber dition of Dependent or ID #

III. DEPENDENT INFORMATION									
		Date of Birth		Enroll In:					
First Name	Last Name (if different)	(MM/DD/YYYY)	Relationship	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, encontramse disponíveis serviços linguísticos, grátis. Ligue para 1-877-223-0588.