Dental Application/Enrollment Form

Once completed, please fax to: 1-866-415-2830
or mail to: PO Box 7756, London, KY 40742

*Denotes required fields for enrollment.

A DENTAL COVERAGE ELECTION

I ELECT THE FOLLOWING FOR MYSELF AND MY DEPENDENT(S): ☐ Dental Plan Code[1]_____

Type of Coverage: ☐ Self ☐ Self/Spouse ☐ Self/Child ☐ Self/Children ☐ Self/Spouse/Child(ren)

B APPLICANT INFORMATION

*Last Name	*First Name	MI

*Gender ☐ Male ☐ Female	*Birthdate	*Social Security Number

*Address		

*City	*State	*Zip Code

Home Phone

C FAMILY MEMBERS TO BE COVERED OR DELETED

if address and phone numbers of covered dependents are different from those of policyholder, or if you need more space, please attach that information on a separate sheet of paper.

	FULL NAME (Last, First, MI)	SEX	RELATIONSHIP	BIRTHDATE	SOCIAL SECURITY #
☐ Enroll ☐ Delete		M F	SPOUSE	/ /	- -
☐ Enroll ☐ Delete		M F		/ /	- -
☐ Enroll ☐ Delete		M F		/ /	- -
☐ Enroll ☐ Delete		M F		/ /	- -

D OTHER COVERAGE

WHEN coverage **BEGINS**, will you or any of your family members have any other dental insurance coverage? ☐ **Yes** ☐ **No**

Do you have other Coventry coverage? ☐ **Yes** ☐ **No**

If yes, what type: _____

E $_____

F SIGNATURES (Required)

Applicant Information and Declaration

I represent that all information supplied in this application is true and correct. I have thoroughly reviewed, understand, and accurately responded to all questions and information on this application.

Signature of Applicant/Parent or Legal Guardian X	Date	Signature of Applicant/Parent or Legal Guardian X	Date
Signature of Applicant's Dependent Age 18 or Over X	Date	Signature of Applicant's Dependent Age 18 or Over X	Date

Agent Information and Declaration

To the best of my knowledge, the information on this application is complete and accurate. I have explained to the applicant, in easy-to-understand language, the risk to the applicant of providing inaccurate information and the applicant understands the explanation. I understand that if I willfully make any false representations I shall, in addition to any applicable penalties or remedies available under current law, be subject to a civil penalty of up to $10,000.

Signature of Agent X	Agent Name (Please Print) Steven McClelland	Agent Number 408175	Date

Fraud Statements: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. In addition, an insurer may deny insurance benefits if false information materially related to the claim was provided by the applicant.

[1] Underwritten by Coventry Health and Life Insurance Company