The Dental Care PLUS GROUP

The plus is service.

100 Crowne Point Place • Cincinnati, OH 45241
Phone (513) 554-1100 • 1-800-367-9466
Fax (513) 618-3882

CHANGE REQUEST FORM

☐ Name/Address change: fill in Section 1

☐ Add/Terminated dependents: fill in Section 2

☐ Terminate/Reactivate coverage: fill in Section 3

SOCIAL SECURITY NUMBER ___ ___	EMPLOYEE LAST NAME	FIRST NAME	MI

EMPLOYER: City of Harrodsburg

GROUP NUMBER: 03232801

SECTION 1

ADDRESS CHANGE NEW ADDRESS CITY STATE ZIP CODE

NAME CHANGE THE REASON FOR THE CHANGE IS (CHECK ONE): ☐ MARRIAGE ☐ CORRECTION ☐ DIVORCE ☐ COURT ORDER

CHANGE NAME FROM: TO:

SECTION 2

☐ **ADD DEPENDENT(S)**

COMPLETE THE FOLLOWING INFORMATION FOR EACH DEPENDENT TO BE ADDED TO THE PLAN

	NAME(S) OF DEPENDENT(S) TO BE ADDED:	SEX	BIRTH DATE	EFFECTIVE DATE	RELATIONSHIP	REASON
01						
02						
03						
04						

Will you or any dependent be covered under another dental insurance plan while a member of Dental Care Plus Insurance Company?

Yes _____ No _____

If yes, name and address of other insurance company _____ Policy # _____

☐ **DELETE DEPENDENT(S)**

COMPLETE THE FOLLOWING INFORMATION FOR EACH DEPENDENT TO BE REMOVED FROM THE PLAN

	NAME(S) OF DEPENDENT(S) TO BE DELETED:	SEX	BIRTH DATE	EFFECTIVE DATE	REASON
01					
02					
03					
04					

SECTION 3

TERMINATE COVERAGE

REASON: ☐ TERMINATED EMPLOYMENT ☐ NO LONGER ELIGIBLE ☐ COBRA ELIGIBILITY ENDED ☐ OPEN ENROLLMENT

DATE COVERAGE ENDS: _____

REACTIVATE COVERAGE

REASON: ☐ TERMINATED IN ERROR ☐ ELECTED COBRA ☐ REHIRED ☐ COURT ORDER

EFFECTIVE DATE: _____

OTHER

STATE CLEARLY THE REQUESTED CHANGE: _____

X **ADMINISTRATOR/EMPLOYEE SIGNATURE** _____ **DATE** _____

Fraud Notice - Ohio Residents Only: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud

Fraud Notice - Kentucky Residents Only: Any person who knowingly and with intent to defraud an insurer files an application or statement of claim containing any false, incomplete or misleading information may be guilty of insurance fraud which is a crime