

New Member Update

CIGNA DENTAL CARE ENROLLMENT FORM FOR FEDERAL EMPLOYEES

Please print:

Please Circle

Male

Female

Last Name _____

First Name _____

Date of Birth ____/____/____

Address _____

City _____

State _____

Zip _____

Home # _____ Work # _____

Email Address _____

S.S # _____

Agency Name _____

Occupation _____

GS/SES Level _____

How did you hear of Wright USA _____

DENTAL PLAN SELECTED (1 per family) Economy Plan Premier Plan

YOU MUST SELECT A NETWORK DENTIST & INCLUDE THE 6-DIGIT ID # (details on participating dentists @ Starr-WrightUSA.com) *

*Dental Office 6-Digit ID #

PLEASE SUPPLY THE FOLLOWING INFORMATION FOR ALL DEPENDENTS TO BE COVERED

Name - last if different	Address - if different	Relationship **	DOB	Sex	SS #	Dental Office Code*

* Applications will be returned if dental office is not selected with the necessary 6-digit code

** If full -time college student, proof is required with this application

I accept the coverage/insurance benefits provided by this group dental plan and authorize the processing of my enrollment in the dental coverage as indicated on this form. I authorize payment of dental benefits to the provider of dental care. I authorize any participating dental office to release dental records and billing information concerning me or my dependents to CIGNA Dental for purposes of plan administration or for the purpose of validating and determining benefits payable. I further authorize CIGNA Dental to release any records or information concerning me or my dependents to its designee, for purposes of plan administration and customer service.

Signature _____

Date ____/____/____

PAYMENT METHOD

My premium payment is enclosed (Make check payable to : Starr-Wright USA)

Charge my initial payment only to my credit card (renewal notices will be mailed): Visa/Mastercard/Discover AMEX

Credit Card # _____ Exp. date _____

Signature _____

I wish to pay by Electronic Funds Transfer (EFT): Monthly Quarterly Annually

*You may download the EFT form at www.WrightUSA.com Please mail your completed application and check made payable to Starr-Wright USA., or application, EFT form, and voided blank check to the address below.



FEDERAL EMPLOYEE PROGRAM ADMINISTRATOR