ENROLLMENT FORM

SOCIAL SECURITY #	LAST NAME	FIRST	MI	DATE OF BIRTH

HOME ADDRESS	AREA CODE	HOME PHONE	SEX ☐ M ☐ F

CITY	ZIP	AREA CODE	BUSINESS PHONE	DENTAL FACILITY #

NAME OF EMPLOYER OR ORGANIZATION:	EMPLOYER'S GROUP ADMINISTRATOR
International Association of Fire Fighters Local 73	Steve Migneco

ADDRESS OF EMPLOYER OR ORGANIZATION:	CITY/STATE	ZIP
4271 Delor	St. Louis, MO	63116

LIST ALL YOUR ELIGIBLE DEPENDENTS IF THEY ARE TO BE COVERED AS DEFINED IN THE CERTIFICATE OF BENEFITS

	FIRST	MIDDLE	LAST	SEX ☐ M ☐ F	BIRTHDATE
SPOUSE:					
CHILD:					
CHILD:					
CHILD:					

COVERAGE EFFECTIVE DATE:	# DEPENDENTS COVERED

PLAN CODE:	GROUP CODE:	PREMIUM AMOUNT	AMOUNT PAID	AGENT CODE:
	461551			0503001MO

THIS MEMBERSHIP IS NOT EFFECTIVE UNTIL YOU RECEIVE YOUR AGREEMENT AND CERTIFICATE OF BENEFITS.

I wish to enroll in the CompBenefits plan. I understand that this is a minimum one (1) year contract and that all necessary dental services will be provided in the description of benefits and surcharges. I have received and understand the outline of coverage.

Date: _____

Applicant's Signature: _____ Agent's Signature: _____

----------Cut Along Dotted Line----------

HOW TO ENROLL

MEMBERS NOT CURRENTLY ENROLLED UNDER THE COMPBENEFITS PLAN:

1. Complete the enrollment application above. Be sure to indicate your dental facility number on the application.
2. Return the application along with your check for the first full monthly premium payable to LOCAL 73 DENTAL PLAN. Please mail to Lee Stertz, MRCT Benefits Plus, 230 S. Bemiston Ave., Ste. 900 Clayton, MO 63105.
3. Upon receipt of your application by CompBenefits, you will be sent an ID card and complete Schedule of Benefits showing all of the co-pays that apply for dental services.

Current Rates:
Employee Only - $13.00
Employee + One - $23.66
Employee + Family - $33.16