

# DHMO Enrollment Application

# City of West Palm Beach

EMPLOYEE	LAST NAME		FIRST		INITIAL		DATE OF BIRTH			SEX		
							MO	DAY	YR	M	F	
STREET ADDRESS			APT#		EMAIL ADDRESS			SOCIAL SECURITY NUMBER				
								HOME PHONE				
CITY			STATE		ZIP			( )				
								WORK PHONE				
								( )				
DATE EMPLOYED		EMPLOYER (GROUP)		GROUP #		CHOOSE DENTAL OFFICE						
						Write dentist number from list						

## LIST ALL ELIGIBLE DEPENDENTS TO BE COVERED BELOW

LAST	FIRST	INITIAL	DENTAL FACILITY#	DATE OF BIRTH			SEX		# OF DEPENDENTS COVERED
				MO	DAY	YR	M	F	
SPOUSE									
CHILD: 1									COVERAGE FOR <input type="checkbox"/> Individual <input type="checkbox"/> Member and one dependent <input type="checkbox"/> Member and two dependents <input type="checkbox"/> Family
CHILD: 2									
CHILD: 3									
CHILD: 4									
CHILD: 5									
EFFECTIVE DATE – 1 <sup>ST</sup> OF THE MONTH		PREMIUM AMOUNT		AMOUNT PAID		PLAN #		AGENT #	

I hereby authorize the Group to deduct monthly for 12 months, and future renewal period(s) my portion of such subscription fee from any funds due me. I understand that enrolments are by Group contract and/or for consecutive 12 month period(s) and my subscription fee is subject to change on the anniversary date of the Group. I hereby represent to the carrier that all information furnished by me hereon is true and complete to the best of my knowledge. I hereby consent, personally and on behalf of an family member enrolled, to the unrestricted release of my/our dental records maintained by participating dentists to CompBenefits for, but not limited to, claims verification and quality assessment review, and to any other participating dentist who may be or become involved in my/our dental care.

x Signature

x Date

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against the Plan, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

This is a CompBenefits Corporation Benefit Plan.

COMPBENEFITS Family of Companies  
 CompDent • CompBenefits Insurance Company • American Dental Plan, Inc.  
 Oral Health Services, Inc. • National Dental Plans, Inc.  
 Texas Dental Plans, Inc. • Vision care, Inc. • Ultimate Optical, Inc.