

Dentist Selection Card

State of Tennessee Prepaid Plan

Please Print

Name _____
LAST FIRST MIDDLE INITIAL

Social Security Number _____

Dentist Facility Number _____ Date _____

Phone Number _____

Employee Signature _____

If eligible Family Members have a different dentist selection from yours, list the information below:

First Name MI Last Name (if different) Dentist Facility ID#

First Name	MI	Last Name (if different)	Dentist Facility ID#
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Employees enrolling for dental coverage must return this card and a completed State of Tennessee enrollment/change application to their agency's insurance preparer.

Detach Here

How do I join the Prepaid Plan?

1. Complete the appropriate sections of the State of Tennessee enrollment/change application and return it to your agency's insurance preparer. (If you need a copy of this application, please contact your agency's insurance preparer.)
2. Select a General Dentist for yourself and every eligible member of your family. (A list of General Dentists participating with the Prepaid Plan begins on page 5 of this booklet or, you may select a participating dentist online at www.assurantemployeebenefits.com from the DentiCare provider information.)
3. Complete the Dentist Selection Card at left, being sure to include the 7-digit Dental Facility ID# for each Participating General Dentist you select. (A list of General Dentists participating with the Prepaid Plan begins on page 5 of this booklet.) Detach and return the card directly to your agency's insurance preparer.

Detach Here

**If you need more information, please call
Customer Service at 800.443.2995 or visit us at
www.assurantemployeebenefits.com**



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