TDA

GROUP DENTAL ENROLLMENT FORM

2020-2021

RETIREE FORM

TOTAL DENTAL ADMINISTRATORS, INC.

☐ New Employee	☐ Add Coverage	☐ Add/Delete Dependent	☐ Decline Coverage	☐ Cancel Coverage
☐ Address/Name Change	☐ Loss of Other Coverage	☐ Transfer From DHMO	☐ Transfer From PPO	☐ COBRA Enrollment

Name of School:

District: Alpine School District

Social Security Number	Effective Date Month / Day / Year	Date Employed Fulltime Month / Day / Year	Hours Worked Per Week

Peak Care Plus (formally DHMO)	Elite Choice	TDA PPO/MAC	TDA Companion
☐ Single $13.22	☐ Single $27.88	☐ Single $34.76	☐ Single $39.14
☐ Two-Party $27.44	☐ Two-Party $58.08	☐ Two-Party $78.36	☐ Two-Party $84.12
☐ Family $43.03	☐ Family $95.89	☐ Family $132.27	☐ Family $138.72
Dental Office Selected #			

Your Name (Last), (First), (MI)	Date of Birth Month / Day / Year	Sex: Male: ☐ Female: ☐

Home Address:	Home Phone Number:
	Work Phone Number:
Do you have any other Dental coverage? If so, Carrier	Email Address:

Complete for Dependent Coverage:

	Spouse Name: (Last), (First), (MI) / Sex:	Date of Birth:	Do any of your dependents have any other dental coverage?	If so, Name of Carrier:
		/ /	☐ Yes ☐ No	
CHILDREN	1. /	/ /	☐ Yes ☐ No	
	2. /	/ /	☐ Yes ☐ No	
	3. /	/ /	☐ Yes ☐ No	
	4. /	/ /	☐ Yes ☐ No	
	5. /	/ /	☐ Yes ☐ No	
	6. /	/ /	☐ Yes ☐ No	

Fraud Warning (Not Applicable in AZ): Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or a statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

I elect the dental coverage selected for which I am eligible. If any contribution from me is necessary to pay part of the cost of insurance. I authorize my employer to deduct the contribution from my wages.

Date **Employee Signature:**

Refusal of Group Dental Coverage: I have been offered this insurance coverage and decline to purchase it at this time. I understand that in the event I desire such insurance at a later date, I will be required to furnish evidence of insurability at my own expense, and the company will have the right to refuse any request.

Date **Employee Signature:**

For Personnel Use Only

Approved By: **Effective Date:**

Return To:

Voice: 801-224-2055 x2

annie@alpineuniserv.org

FAX: 801-224-6137

Alpine Education Association/Alpine UniServ

557 W. Center Street, Pl. Grove, Utah 84062

TDA RETIREE ENROLLMENT FORM
AUTOMATIC CHECKING INSTRUCTIONS

1. Complete the TDA Dental Application. Be sure to list your dependent names and birth dates if you are applying for a 2 party or Family Dental Plan.
2. Complete the Direct Monthly Payment Authorization below! Be sure to include a VOIDED Check!
3. Premium statements are run on the 15th of each month. ACH transactions are processed on the 20th of each month for the Grand Total Due. Any adjustments (adds, term, changes) will appear on your next bill.
4. Make a check payable to TDA – for the first months premium if it is after the bill date of the 15th of the month.

MAIL, FAX, SCAN OR DROP BY ALL COMPLETED APPLICATIONS TO:

Alpine Uniserv Attention: Annie

Mail: 557 West Center Street, Pleasant Grove, UT 84062

Scan/Email: annie@alpineuniver.org

Fax: (801) 224-6137

Any questions – call Annie at (801) 224-2055 ext. 2

DIRECT MONTHLY PAYMENT AUTHORIZATION FORM

I (we) authorize the Company to initiate entries to debit my (our) account described below;

CHECKING ACCT. # _____ OR SAVINGS ACCT# _____

FINANCIAL INSTITUTION'S NAME: _____ROUTING#: _____

This authority is to remain in full force and effect until the Company has received written notification from me of its termination is such time and manner as to afford the Company a reasonable opportunity to act on it.

_____
SIGNATURE

_____
PRINT FULL NAME

DATE: _____

PHONE NUMBER : _____

E-MAIL: _____

_____
SIGNATURE (Optional for Joint Acct.)

_____
PRINT FULL NAME

DATE: _____

PHONE NUMBER : _____

E-MAIL: _____