

# CIGNA Dental Enrollment / Change Form

Insured and/or Administered by  
Connecticut General Life Insurance Company  
CIGNA HealthCare

A	<input type="checkbox"/> New Enrollment <input type="checkbox"/> Open Enrollment <input type="checkbox"/> Change in Status		Hire Date  Effective Date	Employer Name  <b>University of Massachusetts Medical School</b>
	CIGNA Account No  <b>3335254</b>	Type of Change <input type="checkbox"/> Add Dependent(s) <i>(List Names in Section B)</i> <input type="checkbox"/> Cancel Coverage <input type="checkbox"/> Waive Coverage <input type="checkbox"/> Remove Dependents <i>(List Names in Section B)</i>		

B	Employee Name <i>(last)</i>		<i>(first)</i>		<i>(M.I.)</i>	Social Security No.
	Employee Date of Birth	Home Phone	Work Phone	Work E-Mail Address	UMass Employee ID #	
	Address <i>(Street)</i>		<i>(City)</i>	<i>(State)</i>	<i>(Zip Code)</i>	
	Last Name		First Name		Date of Birth	Gender
	Spouse (specify last name if different from employee)					<input type="checkbox"/> M <input type="checkbox"/> F
	Dependent (specify last name if different from employee)					<input type="checkbox"/> M <input type="checkbox"/> F
	Dependent (specify last name if different from employee)					<input type="checkbox"/> M <input type="checkbox"/> F
	Dependent (specify last name if different from employee)					<input type="checkbox"/> M <input type="checkbox"/> F
	Dependent (specify last name if different from employee)					<input type="checkbox"/> M <input type="checkbox"/> F
	Dependent (specify last name if different from employee)					<input type="checkbox"/> M <input type="checkbox"/> F

C	Coverage Level	D	Dental Options
	<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> FAMILY		<input type="checkbox"/> BASIC Dental PPO Plan (Code - DPPOB) <input type="checkbox"/> FACULTY/EXECUTIVE Dental PPO Plan (Code - DPPOF) <input type="checkbox"/> PLUS Dental PPO Plan (Code - DPPOP)

Signature – The information provided above is true and correct to the best of my knowledge.	
E	Employee's Signature/ Date  Employer's Signature / Date