

CIGNA Dental Enrollment / Change Form

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

Please print and thank you for providing this information

A	<input type="checkbox"/> New Enrollment <input type="checkbox"/> Open Enrollment <input type="checkbox"/> Change in Status	Hire Date Effective Date	Employer Name University of Massachusetts Medical School
	CIGNA Account No 3335254	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 <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> FAMILY	D Dental Options <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)
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Signature – The information provided above is true and correct to the best of my knowledge.	
E Employee's Signature/ Date	Employer's Signature / Date