

SAG-AFTRA Stand Alone Dental & Vision Enrollment Form

Group Benefit Associates
 1701 E. Lake Avenue
 Suite 400
 Glenview, IL 60025

Telephone: 800-450-1271
 Fax: 773-427-6875
 Email: CustomerService@groupba.com
 www.groupba.com

Personal Information			
Last Name, First Name, MI:		Social Security Number:	
Street Address:			
City:	State:	Zip:	
Home Phone:		Cell Phone:	
Email:			
Date of Birth:	Gender: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married/ Domestic Partnership <input type="checkbox"/> Legally Separated <input type="checkbox"/> Divorced	
Dependents to include on your plan:			
Dependent Name:	Gender (M/F):	Relationship:	Date of Birth:
Please Select Your Coverage Options:			
Dental Coverage Type: <input type="checkbox"/> PPO Plan <input type="checkbox"/> DHMO Plan – Available in CA, FL, IL, NJ, NY, and TX DHMO office ID# _____ For more information on dental providers in the network, go to www.Cigna.com and select Find a Doctor in the upper right hand corner or by calling Cigna at 800-244-6224.			

Both sides of form must be filled out completely in order to process the enrollment.

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Please Select a Payment Method:		
<input type="checkbox"/> Checking Account	Name on account as it appears on check:	
<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <i>**We do not accept Amex or Discover</i>	Bank Name:	
	Routing Number (9 digits):	
	Account Number:	
	Name as it appears on card:	
<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <i>**We do not accept Amex or Discover</i>	Credit Card Number:	
	Expiration (MM/YY):	
	Card Security Code (last 3 digits on back of card):	

Your initial premium due will be collected within 5 business days of receipt of your enrollment. Subsequent premiums will be collected on the 15th of the month prior to the start of the next month. There will be NO invoicing of premium.

You are authorizing Babbitt Municipalities, Inc. d.b.a. Group Benefit Associates to collect your premium directly from your checking account or credit card.

All cancellation requests must be received in writing by mail, fax or email. All cancellations are made effective on the last day of the month in which they are received.

You will receive an ID card directly from the Cigna Insurance Company within 10-14 business days of your enrollment.

Signature

Date

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