

## SAG-AFTRA Supplemental Dental Enrollment Form

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

Telephone: 800-450-1271  
 Fax: 800-450-1271  
 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:
Your Current SAG-AFTRA Health Plan Coverage:			
<input type="checkbox"/> Yes, I am covered by the SAG-AFTRA Active Plan. Remaining enrolled in the SAG-AFTRA Health Plan is a requirement of the Supplemental Dental Plan administered by Group Benefit Associates. You must inform us directly if your health plan status changes.			

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Please Select a Payment Method:		
<input type="checkbox"/> Checking Account	Name on account as it appears on check:	
	Bank Name:	
	Routing Number (9 digits):	
	Account Number:	
<input type="checkbox"/> Visa  <input type="checkbox"/> MasterCard  <i>**We do not accept                      Amex or Discover</i>	Name as it appears on card:	
	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 Quarterly premiums will be collected on the 15th of the month prior to the start of the next Quarter. 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

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