M.W.R.D.R.F. RETIREE DENTAL/VISION INSURANCE ENROLLMENT FORM

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

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

- Enrollments received after November 15th, 2020 will not be accepted.
- All changes become effective January 1st, 2021.
- Please note that if you are a surviving spouse or dependent of the retiree, use your own social security number, name, date of birth, etc.

Personal Information

Last Name, First Name, MI:		Social Security Number:
Street Address:		
City:	State:	Zip:
Home Phone:	Cell Phone:	
Email:		

Date of Birth:	Gender:	Marital Status:
	❑ MALE	❑ Single/ Widow
	❑ FEMALE	❑ Married/ Domestic Partnership
		❑ Legally Separated
		❑ Divorced

Dependents to include on your plan:

Dependent Name:	Gender (M/F):	Relationship:	Date of Birth:

Please Select Your Coverage Options:

You can choose a dental option, a vision option, or both.

Dental:

☐ PPO Plan - DentalGuard Preferred Network

☐ DHMO Plan – First Commonwealth Network (available in CA, CO, FL, IL, MI, MO, NJ, NY, and OH) DHMO office ID#_____

For more information on dentists or vision providers in the network, go to www.guardiananytime.com and select Find a Provider in the upper left-hand corner or by calling Guardian at 888-600-1600, refer to plan number 00527597.

Vision:

☐ VSP Choice Network

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

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

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.

Signature Date

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