

# DMS DENTAL PLAN ENROLLMENT FORM

Synergy Benefit Administration, Inc.

City of Malden – Cigna Plan QD-V9

Cigna Dental Care Access Plus Network

Date of Hire: \_\_\_\_/\_\_\_\_/\_\_\_\_

Effective Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Payroll Deduction:**

21 Weeks

26 Weeks

Last Name \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_ Gender: M F

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security # \_\_\_\_\_ Martial Status \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**I am applying for coverage:** Employee Only Employee + 1 Dependent Family

Chosen Cigna Dentist for myself: \_\_\_\_\_ Dentist ID: \_\_\_\_\_

## List all eligible dependent(s) to be covered:

Dependent(s)	Last Name (if different)	First Name	Gender M/F	Date of Birth	* Cigna Dentist & Dentist ID
Spouse					
Child					
Child					
Child					
Child					
Child					

Please list additional dependents on a separate enrollment form.

**\*IMPORTANT:** In order to complete your enrollment, you must choose and list in the above chart your chosen Cigna General Dentist from DHMO Access Plus plan.

### To find a network general dentist visit Cigna.com

Click on "Find a Doctor, Dentist or Facility"

Select plan: CIGNA DENTAL CARE DHMO - Cigna Dental Care Access Plus

Or call 1-800-CIGNA24 for help or questions.

## PATIENT PRIVACY STATEMENT

In accordance with recent Federal and State Laws regarding privacy or Patient's information, please be advise that we will not disclose your Personal Health Information (PHI) to anyone without your authorization or as otherwise permitted or required by law.

I agree to stay on the dental program for a minimum of one year (the exception being termination of employment).

Employee Signature\* \_\_\_\_\_

Date \_\_\_\_\_

*\*To sign this fillable form, simply type your name and it will serve as your signature.*

## **HOW TO FIND A DENTIST IN THE DHMO DENTAL CARE ACCESS PLUS**

- Go to [www.Cigna.com](http://www.Cigna.com)
- Click on **Find a Doctor, Dentist, or Facility** button
- Click on **Employer or School** button
- In the search bar, enter your zip code
- Under the zip code entry, click on **Doctor by Type**
- A text window will appear, scroll down in **Popular Doctor Types** to **General Dentist**
- A new pop-up window appears, continue as **Guest**
- A new pop-up window appears, click on **Select a Plan**
- Under **Cigna Dental Care DHMO**, Click on **Cigna Dental Care Access Plus**
- Click on **Choose** button
- All options will appear

**IMPORTANT NOTE:** Your chosen dentist must accept the DHMO Cigna Dental Care Access Plus plan. When you call your dentist, you must confirm that they take Cigna **AND** Dental Care Access Plus Plan.

If they don't accept Dental Care Access Plus plan, you will be out of network and you will not have coverage.