Underwritten by:

HEALTHPLEX INSURANCE COMPANY

Administered by:

HEALTHPLEX
THE DENTAL BENEFIT EXPERTS

Please send completed form to:

Healthplex Insurance Company
Attention: Sales & Marketing
333 Earle Ovington Blvd., Suite 300
Uniondale, NY 11553-3608
P 800-468-0466 F 516-228-9572

PEDIATRIC "OFF-EXCHANGE" GROUP ENROLLMENT FORM

EMPLOYER/GROUP INFORMATION

Employer/Group Name	
Group Number	Effective Date

EMPLOYEE INFORMATION

Employee Last Name	Employee First Name	M.I.	SSN
Address	City	State	Zip Code
Home Phone	Email Address		

PEDIATRIC MEMBERS

Last Name, First Name	SSN	Gender	D.O.B.
Last Name, First Name	SSN	Gender ☐M ☐F	D.O.B.
Last Name, First Name	SSN	Gender ☐M ☐F	D.O.B.
Last Name, First Name	SSN	Gender ☐M ☐F	D.O.B.
Last Name, First Name	SSN	Gender ☐M ☐F	D.O.B.
Last Name, First Name	SSN	Gender ☐M ☐F	D.O.B.
Last Name, First Name	SSN	Gender ☐M ☐F	D.O.B.
Last Name, First Name	SSN	Gender ☐M ☐F	D.O.B.

PRIMARY CARE DENTIST (PCD) SELECTION

Please choose one Primary Care Dentist (PCD) from the ***Exchange Net Provider Network****. If no selection is made, a PCD will be assigned nearest your home. To view available dentists in the network, visit* ***www.healthplex.com*** *and select "****Our Dentists****" then "****New York State Health Exchange****".*

Dentist Name	Dentist Site Code

By signing below, I affirm that I am employed by the above-referenced employer/group and I am the parent/guardian of the pediatric member(s) listed herewith. I have read and agreed to the terms and conditions on the back of this form. I understand that my employer/group is responsible for the payment premium due to Healthplex Insurance Company for pediatric dental coverage.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Employee Signature	Date

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TERMS & CONDITIONS

BENEFITS

I understand that the In-Network benefits insured by Healthplex Insurance Company are only available at participating dental offices and that there are no Out-of-Network benefits.

NEW YORK STATE REGIONS AND COUNTIES

REGION	COUNTIES
Albany	Albany, Columbia, Fulton, Greene, Montgomery, Rensselaer, Saratoga, Schenectady, Schoharie, Warren, Washington
Buffalo	Allegany, Cattaraugus, Chautaugua, Erie, Genesee, Niagara, Orleans, Wyoming
Mid-Hudson	Delaware, Dutchess, Orange, Putnam, Sullivan, Ulster
NYC	Bronx, Kings, New York, Queens, Richmond, Rockland, Westchester
Rochester	Livingston, Monroe, Ontario, Seneca, Wayne, Yates
Syracuse	Broome, Cayuga, Chemung, Cortland, Onondaga, Schuyler, Steuben, Tioga, Tompkins
Utica	Chenango, Clinton, Essex, Franklin, Hamilton, Herkimer, Jefferson, Lewis, Madison, Oneida, Oswego, Otsego, St. Lawrence
Long Island	Nassau, Suffolk