

# SafeGuard Dental HMO Enrollment Form Texas

Please print clearly when completing the Enrollment Form and return it to your Benefits Coordinator. Choose a general dental office (facility number) of your choice for each eligible family member from the SafeGuard Directory of Participating Dentists. Failure to do so may result in delays in receiving dental care. If your first provider facility selection is not available, SafeGuard will process your second selection.

### Benefits Coordinator Use Only

Group/Employer Name	Group No.	Effective Date	Date of Hire
---------------------	-----------	----------------	--------------

### Subscriber's Information

Last Name		First Name		MI	Subscriber SS#	
Home Address						Apt. #
City				State		Zip Code
Male/Female	Date of Birth	Home Telephone (     )		Work Telephone (     )		Ext.

<b>Must be completed to enroll in plan:</b>	<b>Facility Number - 1st Choice</b>	<b>Facility Number - 2nd Choice</b>
---	-------------------------------------	-------------------------------------

Facility numbers are found next to each General Dentist's name in the SafeGuard Directory of Participating Dentists and on our website at [www.safeguard.net](http://www.safeguard.net).

### Dependent Information

Spouse/ Child	Male/ Female	Last Name	First Name	MI	Date of Birth	Student Y/N	Disability Y/N	Facility Number 1st Choice	Facility Number 2nd Choice

**Must be completed to enroll in plan**

**Primary language:** \_\_\_\_\_ **Please note any communication impairment:** \_\_\_\_\_

**Authorization to release dental records** - I hereby authorize the release and disclosure to review, or to obtain a copy of, any and all dental records which pertain to me or any member of my family, maintained by my chosen Selected General Dentist and/or Specialist, to SafeGuard and/or any designated agent or representative for the purposes of dental treatment, care and for SafeGuard's quality assessment and utilization reviews, which will be kept strictly confidential. This authorization shall remain valid for the term of this coverage.

**Point of service option:** SafeGuard has arranged for indemnity insurance coverage to be provided to eligible members for services not supplied by SafeGuard. This arrangement is a benefit under the terms of this contract, and the Certificate of Insurance issued by SafeHealth Life Insurance Company which outlines the scope of coverage and the manner in which the dental insurance coverage may be used.

In order to receive benefits from SafeGuard Health Plans' Dental HMO Plan, you must utilize only network providers, except for emergency dental care, and pay the co-payments specified in the Evidence of Coverage. Under the Indemnity policy, you may utilize and provider but prior to receiving reimbursement, your must meet the required deductible and are responsible for the co-insurance amount specified in the policy or certificate.

I choose to elect the Point-of-Service Option.

### Waiver of Coverage

I have been given the opportunity to apply for group dental insurance, but:

Do not choose to elect this coverage.



Your Name (Please Print)	Your Signature	Date
--------------------------	----------------	------