

# UNITED CONCORDIA

## HOW TO COMPLETE THE UNITED CONCORDIA ENROLLMENT FORM

### SECTION A: GENERAL INFORMATION

1. TYPE OF PROGRAM – Check the boxes next to DHMO and Concordia Plus
2. TYPE OF ACTIVITY – Check the box next to New Enrollment
3. GROUP INFORMATION
  - Group Name is Greater Pennsylvania Carpenters
  - Group Number and Sub Group – **843445000**
  - Payroll Location does not need to be completed
  - Effective Date will be 01012010 (January 1, 2010), 02012010 (February 1, 2010) or 03012010 (March 1, 2010)

### SECTION B: EMPLOYEE INFORMATION

1. Contract ID Number – This is your social security number
2. Original Employment – This does not need to be completed
3. Employee Name - Fill in your Last name first, then First Name and Middle Initial
4. Date of Birth
5. Sex
6. Provider Number – **Please indicate the provider number for your Primary Dental Office. This information can be found on our website, [www.ucci.com](http://www.ucci.com) under the ConcordiaPLUS network**
7. Home Address, City, State and Zip Code
8. Employee Status – This does not need to be completed

### SECTION C: DEPENDENT INFORMATION

1. Contract ID Number – This is the social security number of your spouse and dependent child(ren)
2. Type – Identifies if the dependent is your spouse or dependent child
3. Last Name of your spouse and dependent child(ren)
4. First Name of your spouse and dependent child(ren)
5. Middle Initial of your spouse and dependent child(ren)
6. Sex of your spouse and dependent child(ren)
7. Date of Birth of your spouse and dependent child(ren)
8. Provider Number – This does not need to be completed

**SIGN AND DATE THE FORM ON THE EMPLOYEE SIGNATURE LINE AND IT IS COMPLETE.**