

UNITED CONCORDIA

HOW TO COMPLETE THE UNITED CONCORDIA ENROLLMENT FORM

SECTION A: GENERAL INFORMATION

1. TYPE OF PROGRAM
 - For Concordia Plus – check the box next to DHMO and Concordia Plus
 - For ConcordiaAccess – check the box next to FFS and Concordia Access
2. TYPE OF ACTIVITY – Check the box next to New Enrollment
3. Effective Date will be 01/01/2012 (January 1, 2012), 02/01/2012 (February 1, 2012) or 03/01/2012 (March 1, 2012)

SECTION B: EMPLOYEE INFORMATION

1. Identification Number – This is your social security number
2. Original Employment Date – 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 under the ConcordiaPLUS network.
7. Home Address, City, State and Zip Code

SECTION C: DEPENDENT INFORMATION

1. Identification 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 – Please indicate the provider number for your Primary Dental Office. This information can be found on our website, www.ucci.com under the ConcordiaPLUS network.

SECTION D: OTHER DENTAL COVERAGE

- If applicable, provide your other group dental coverage provider information

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