

Dental/Vision Enrollment Card

DENTAL I choose the Dominion PPO¹
SELECT ONE: I choose the Dominion ePPO¹
 I choose the Dominion Select Plan¹

VISION I choose the Avalon vision² plan
SELECT ONE: n/a

Enrollment Information

Last Name		First Name		M.I.
Social Security Number		Sex <input type="checkbox"/> M <input type="checkbox"/> F	Birthdate (MM/DD/YY)	
Home Address			Home Phone	
City	State	ZIP	Work Phone	
Cell Phone*			Hire Date	
Email Address**				

* By providing your cell phone number above, you authorize Dominion National to send Short Message Service (SMS) or text message communications directly to your cell phone. You may revoke your consent to receiving text communications at any time by replying "STOP" upon receipt of a message. Message and Data Rates May Apply.

** Provide your e-mail address above to consent to electronic distribution (no paper copies) of your benefit plan documents through our secure member portal. You may provide a revised e-mail address, revoke your consent to electronic distribution, or request a paper copy of any electronic documents free of charge by calling 888.518.5338.

List All Your Eligible Dependents Below

Last Name (if different)	First Name	M.I.	Sex (M/F)	Birthdate (MM/DD/YY)
Spouse				
Child				
Child				
Child				
Child				
Child				

SELECT PLAN Dental Office Name & Code #
Provider Selection (As Indicated on Your Dentist Directory)

If I am enrolling in the Select Plan and I am voluntarily paying 100% of the cost of this plan, without employer contribution, I agree to remain in plan a minimum of twelve (12) months. If I cancel before the end of the 12 month period, I may be responsible for the usual, customary and reasonable charges for services received, reduced by the sum of the subscription dues and copayments paid.

I understand and agree that my signature on this enrollment form serves as my legal commitment to the Plan and its terms. Further, this signature represents my authorization for the release of information regarding services provided to me or my covered dependents by providers of dental and/or vision services. Information will be released to Dominion National, if enrolled in the dental plan and Avalon Insurance Company if enrolled in vision plan, for the purpose of investigation or evaluation of care in connection with a claim or complaint. Authorization will be limited to the term of coverage of this contract. A copy of this form will be made available to subscriber or their authorized representative upon request.

Signature _____ Date _____

Agent/Broker #	Group #	Group Name	Coverage Eff. Date
----------------	---------	------------	--------------------

Dominion National, P.O. Box 75314 Charlotte, NC 28275-5314

¹ The dental plans are underwritten by Dominion Dental Services, Inc. d/b/a Dominion National.
² The vision plans are underwritten by Avalon Insurance Company and administered by Dominion Dental Services USA, Inc. d/b/a Dominion National.

Delaware - Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony. **District of Columbia** - Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. **Maryland** - Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. **Pennsylvania** - 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 subjects such person to criminal and civil penalties.