Quick Enrollment Form For

REAGIT Group Dental Insurance Plan

NOW …
Appraisal Institute Members Have A Whole Lot More To Smile About!

ENROLLMENT INSTRUCTIONS:
Please complete the information requested and send the Enrollment form in the envelope provided. No postage necessary.

Underwritten by:
The United States Life Insurance Company in the City of New York

NAME:

ADDRESS:

ADDRESS:

CITY: STATE: ZIP:

SOC. SEC.#: ☐☐☐-☐☐-☐☐☐☐ PHONE: ( ) —

☐ MALE ☐ FEMALE DATE OF BIRTH: (MO./DAY/YEAR) / /

MARITAL STATUS: ☐ MARRIED ☐ DIVORCED ☐ WIDOWED ☐ SINGLE

MEMBER STATUS: ☐ ACTIVE ☐ RETIRED

BENEFIT LEVEL: (CHOOSE ONE) ☐ PLAN 1 HIGH OPTION ☐ PLAN 2 LOW OPTION

INDICATE COVERAGE DESIRED: (CHOOSE ONE) ☐ MEMBER ONLY ☐ MEMBER & FAMILY

BILLING: (CHOOSE ONE) ☐ QUARTERLY ☐ SEMI-ANNUALLY

DEPENDENT INFORMATION: (IF ENROLLING)

	LAST NAME (IF DIFFERENT)	FIRST NAME	M.I.	SEX	DATE OF BIRTH
SPOUSE:				☐ MALE ☐ FEMALE	/ /
CHILD:				☐ MALE ☐ FEMALE	/ /
CHILD:				☐ MALE ☐ FEMALE	/ /
CHILD:				☐ MALE ☐ FEMALE	/ /
CHILD:				☐ MALE ☐ FEMALE	/ /

I hereby enroll for insurance in the Voluntary Benefits Dental Plan underwritten by The United States Life Insurance Company in the City of New York. I understand that coverage applied for shall become effective on the first day of the calendar quarter after my enrollment form is received.

SIGNATURE: X DATE: / /

Questions? Call 1-800-222-9958

www.dentemax.com