NORTH RANCH BENEFITS TRUST

Change Request Form – Dental and Vision



Employer Name:							Division #:					
1 Employee Ir	nformation			Request	quested Effective Date:							
1. Employee Information Employee First Name:						Employee Last Name:						
Social Security #:				Date of Hire:								
Mailing Address:					Date of							
City:							Zip Code:					
Phone:	·							Zip couc.				
	s will not be us	ed for any	purpose other than co	mmunications	from NRB	 Г.						
		<u> </u>	<u> </u>									
2. Change or C	Qualifying E	vent (pr	ovide reason belo	w)								
Date of Change	or Qualifying E	Event:										
Marriage					Divor	ce						
☐ Domestic Part	tnership				Addre	ess Change						
Birth						of Other Group (Coverage: Prod	of of loss requ	uired.			
∐Adoption					Othe	r						
All applications for Qualifying Events must be submitted to HealthSmart within 60 days of the Qualifying Event. The effective date will be the 1st of the month following receipt of application, waiting period, or qualifying event.												
3. Coverage Selection												
Volunt Ameritas	•		Voluntary Delta Dental	н	Volunta Iumana D	•	Volui Vision Se	•	Employer Sponsored Vision Service Plan			
Volunt	Dental	☐ Delta	•	н		•		•				
Volunt Ameritas	Dental		Delta Dental	□ РРО		ental	Vision Se	•	Vision Service Plan			
Volunt Ameritas	Dental		Delta Dental	☐ PPO ☐ PPO Tra	lumana D	ental [Vision Se	•	Vision Service Plan			
Volunt Ameritas	Dental	☐ Delta	a PPO a Care DHMO*	☐ PPO ☐ PPO Tra	ditional Peventive P	ental [Vision Se	•	Vision Service Plan			
Volunt Ameritas	Dental	☐ Delta	Delta Dental	☐ PPO ☐ PPO Tra ☐ PPO Pre ☐ DHMO*	ditional Peventive P	ental [Preferred Preferred Preferre	Vision Se	vice Plan	Vision Service Plan			
Volunt Ameritas	Dental	☐ Delta	a PPO a Care DHMO*	☐ PPO ☐ PPO Tra ☐ PPO Pre ☐ DHMO*	ditional Peventive P	ental [Preferred Preferred Preferre	Vision Se	vice Plan	Vision Service Plan			
Volunt Ameritas	Dental	*DHM	a PPO a Care DHMO* O Primary Dentist: cate provider at:	PPO PPO Tra PPO Pre DHMO* *DHM Loc	ditional Peventive P	ental [Preferred	Vision Se	vice Plan	Vision Service Plan			
Volunt Ameritas	Dental ntal	*DHM	a PPO a Care DHMO* IO Primary Dentist: cate provider at: deltadentalins.com	PPO PPO Tra PPO Pre DHMO* *DHM Loc	ditional Peventive P	ental [Preferred	Vision Sel Vision* *List VSP Pla	n Name:	Vision Service Plan Vision			
Volunt Ameritas Ameritas Dei Employee Of	Dental Intal	*DHM Loc www.	a PPO a Care DHMO* TO Primary Dentist: cate provider at: deltadentalins.com	PPO PPO Tra PPO Pre DHMO* *DHMO* Loc ww Employe	ditional Peventive Period of Primary cate provide www.human	ental Preferred Plus Dentist: Her at: a.com	Vision Set Vision* *List VSP Pla	an Name:	Vision Service Plan Vision Employee ONLY			
Volunt Ameritas	Dental Intal	*DHN Loc www. Emp Emp	a PPO a Care DHMO* IO Primary Dentist: cate provider at: deltadentalins.com	PPO PPO Tra PPO Pre DHMO* *DHM Loc ww Employe	ditional Peventive P	ental Preferred Plus Dentist: der at: a.com	Vision Sel Vision* *List VSP Pla	an Name: ONLY + 1 or	Vision Service Plan Vision			
Volunt Ameritas Ameritas Dei Employee Of Employee + 2	Dental Intal	*DHN Loc www. Emp Emp	Delta Dental a PPO a Care DHMO* IO Primary Dentist: cate provider at: deltadentalins.com loyee ONLY loyee + 1	PPO PPO Tra PPO Pre DHMO* *DHM Loc ww Employe	ditional Peventive Period Primary Cate provide VW.human ee ONLY ee + Spou	ental Preferred Plus Dentist: der at: a.com	*List VSP Pla	an Name: ONLY + 1 or	Vision Service Plan Vision Employee ONLY Employee + 1 or			
Volunt Ameritas Ameritas Dei Employee Of Employee + 2	Dental Intal	*DHN Loc www. Emp Emp	Delta Dental a PPO a Care DHMO* IO Primary Dentist: cate provider at: deltadentalins.com loyee ONLY loyee + 1	PPO PPO Tra PPO Pre DHMO* *DHM Loc ww Employe Employe Employe	ditional Peventive Period Primary Cate provide VW.human ee ONLY ee + Spou	ental Preferred Plus Dentist: der at: a.com	*List VSP Pla Employee Employee Employee Employee	an Name: ONLY + 1 or	Vision Service Plan Vision Employee ONLY Employee + 1 or Employee + Children			
Volunt Ameritas Ameritas Dei Employee Of Employee + 2	ntal NLY 1 2 or more	*DHM Loc www. Emp Emp	Delta Dental a PPO a Care DHMO* IO Primary Dentist: cate provider at: deltadentalins.com loyee ONLY loyee + 1 loyee + 2 or more	PPO PPO Tra PPO Pre DHMO* *DHM Loc ww Employe Employe Employe	ditional Peventive Period Primary Cate provide VW.human ee ONLY ee + Spou	ental Preferred Plus Dentist: der at: a.com	*List VSP Pla Employee Employee Employee Employee	an Name: ONLY + 1 or	Vision Service Plan Vision Employee ONLY Employee + 1 or Employee + Children			
Volunt Ameritas Ameritas Der Employee Of Employee + 2 Employee + 2	Dental ntal NLY 1 2 or more	*DHN Loc www. Emp Emp Emp	a PPO a Care DHMO* IO Primary Dentist: cate provider at: deltadentalins.com loyee ONLY loyee + 1 loyee + 2 or more	PPO PPO Tra PPO Pre DHMO* *DHM Loc ww Employe Employe Employe Family	ditional Peventive Personal Primary Cate provide W. human ee ONLY ee + Spoulee + Child	ental Preferred Plus Dentist: der at: a.com [see [ren]	*List VSP Plane Employee Employee Employee Family	an Name: ONLY + 1 or + Children	Vision Service Plan Vision Employee ONLY Employee + 1 or Employee + Children			
Volunt Ameritas Ameritas Der Employee Of Employee + 2 Employee + 2 4. Waiving De Dental plans have	Dental Intal NLY 1 2 or more Pental Waiting We a 12 montil	*DHN Loc www. Emp Emp Emp	a PPO a Care DHMO* IO Primary Dentist: cate provider at: deltadentalins.com loyee ONLY loyee + 1 loyee + 2 or more	PPO PPO Tra PPO Pre DHMO* *DHM *DHM Employe Employe Family	ditional Perventive Pe	ental Preferred Plus Dentist: der at: a.com [see [(ren)]	*List VSP Plane Employee Employee Employee Family	an Name: ONLY + 1 or + Children	Vision Service Plan Vision Employee ONLY Employee + 1 or Employee + Children Family			
Volunt Ameritas Ameritas Der Employee Of Employee + 2 Employee + 2 4. Waiving De Dental plans have	ntal NLY 1 2 or more ental Waiting we a 12 month is application	*DHM Loc www. Emp Emp Emp Emp	a PPO a Care DHMO* IO Primary Dentist: cate provider at: deltadentalins.com loyee ONLY loyee + 1 loyee + 2 or more ds ervice waiting period	PPO PPO Tra PPO Pre DHMO* *DHM *DHM Employe Employe Family	ditional Perventive Pe	ental Preferred Plus Dentist: der at: a.com [see [(ren)]	*List VSP Plane Employee Employee Employee Family	an Name: ONLY + 1 or + Children	Vision Service Plan Vision Employee ONLY Employee + 1 or Employee + Children Family			

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Employe	er Name:				Division	#:					
5. Employee Information											
Dental	Vision	First Name	МІ	Last Name	Gender	Relationship	1	DOB MM/DD/YYYY			
					□м□ғ	□ SELF					
					□ M □ F	☐ SPOUSE ☐ DOMESTIC PARTN	ER				
					□М□Г	□ CHILD					
					□М□Г	□ CHILD					
					□ M □ F	□ CHILD					
					□М□Г	□ CHILD					
Eligibility	Note: Elig	ible employees, and their dependents,	must e	nroll within 30 days of the group's ne	w hire waiting	period or a Qualifying	g Event.				
the best informa fines, de or misle claiman	t of my l tion to ar enial of in ading fac t with reg	f of my eligible family dependen knowledge. I am at least 18 year insurance carrier for the purpossurance and civil damages. Any incits or information to a policyhologard to a settlement or award pegulatory Agencies.	ars of se of d nsurar ler or o	age. It is unlawful to knowing efrauding or attempting to defrice carrier or agent of an insural claimant for the purpose of def	gly provide for aud the carr nce carrier vota frauding or a	false, incomplete, rier. Penalties may who knowingly pro attempting to defr	or misly include wides fa	leading facts or e imprisonment, Ise, incomplete, e policyholder or			
EMPLOY	EE SIGNA	ATURE: X				DATE:					