



Please print, complete, and mail, fax, or email this form to the Board of Pensions.

Please complete, sign, and return this form once you have confirmed that you are eligible to enroll in the PPO (Preferred Provider Organization) Dental Plan offered by Aetna through the Board of Pensions.

Unless you are enrolling during a qualified open enrollment, coverage is limited to preventive and diagnostic services for 12 months if you are a plan member who did not enroll for dental coverage when you first began your membership in the Benefits Plan. Electing dental coverage during a regular annual enrollment is generally considered late entry and restricts members to preventive and diagnostic services for 12 months.

If you do not enroll in the Dental Plan within the first 30 days of initial eligibility or within 60 days of a qualifying life event, you generally must wait until the next annual enrollment or qualifying life event to enroll, and when you do enroll, there will be a 12-month waiting period for basic and major services, and a two-year waiting period for orthodontic treatment for children.

Dental plan options are based on residency. Because you live in an area served by a PPO, you may enroll in this plan.

The PPO plan allows you to access network and out-of-network providers. You will receive higher benefit levels if your provider is in Aetna's provider network. You can use an out-of-network provider through the PPO plan, but you will have higher out-of-pocket costs.

You can access more information, including the names of dentists who are part of the PPO plan, by visiting the Aetna website, aetna.com/docfind, or calling 877-238-6200. You may also refer to the Aetna Denta[®] Benefits Summary for coverage information. You may call the Board's toll-free number, 800-773-7752 (800-PRESPLAN), with questions.

Dental Plan Monthly Rates as of January 1, 2017

	PPO
Member	\$36.95
Member & spouse	\$75.44
Member & children	\$97.37
Member & family	\$136.03

The dental plan is not available to seminary students.

The cost of dental coverage is billed to the employer.

Please print or type and complete ALL information to enroll in the PPO dental plan.



Member Information

Name SSN

Home address

City State ZIP

Daytime phone () Email

Employer

Address

City State ZIP

Phone () PIN

Enrollment Information

Enrollment Status

Current enrollee New enrollee

Coverage Level Member-only Member + spouse Member + children Member + family

Authorization

By signing, I confirm that the information provided in this application is true, correct, and complete to the best of my knowledge.

Member's signature Date (mm/dd/yyyy)

On behalf of the employer, I certify that we have confirmed eligibility for plan benefits for this employee as defined by the Benefits Plan of the Presbyterian Church (U.S.A.) and agree to pay all required dues to the Board of Pensions by the due date.

Authorized employer representative's signature Date (mm/dd/yyyy)
