HEALTHPLEX
THE DENTAL BENEFIT EXPERTS™

Please send completed form to:

Healthplex Insurance Company
Attention: Sales & Marketing
333 Earle Ovington Blvd., Suite 300
Uniondale, NY 11553-3608
P 800-468-0466 F 516-228-9572

Individual Pediatric "Off-Exchange" Enrollment Form

Parent/Responsible Adult

Last Name	First Name	M.I.	SSN

Address	City	State	Zip Code

Home Phone	Email Address

Pediatric Members

Last Name, First Name	SSN	Gender	D.O.B.
		☐M ☐F	
		☐M ☐F	
		☐M ☐F	
		☐M ☐F	

Primary Care Dentist (PCD) Selection

*Please choose one Primary Care Dentist (PCD) from the **Exchange Net Provider Network**. If no selection is made, a PCD will be assigned nearest your home. To view available dentists in the network, visit **www.healthplex.com** and select "**Our Dentists**" then "**New York State Health Exchange**".*

Dentist Name	Dentist Site Code

Payment Options *(Please note: Region is based on domicile of covered child).*

*Region		Number of Members	Total		Number of Members	Total
Albany	Annual Premium: $227.40 x		=	or Monthly Premium: $18.95 x		=
Buffalo, Mid-Hudson, Rochester, Syracuse, and Utica	Annual Premium: $173.40 x		=	or Monthly Premium: $14.45 x		=
NYC and Long Island	Annual Premium: $133.80 x		=	or Monthly Premium: $11.15 x		=

***Note: Additional region information on reverse side.** **Recurring monthly option only available if paying by credit card.**

Payment Options:

☐Check enclosed in the amount of $_____ payable to Healthplex Insurance Company.

or

☐Credit/Debit card - initial amount authorized $_____. Authorize Monthly Recurring Payment? ☐Yes ☐No

☐Visa ☐ MasterCard ☐ Discover (check one)

Name on Card:

Card Number: Exp. Date:

By signing below, I acknowledge that I have read and agree to the terms and conditions on the back of this form.

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 shall also be subject to civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Signature	Date

Broker Information (if applicable)

Broker Name	SSN/Tax ID#

Group Number	Effective Date	Internal Sales Rep

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Terms & Conditions

Benefits

I understand that the In-Network benefits insured by Healthplex Insurance Company are only available at participating dental offices and that there are no Out-of-Network benefits.

Enrollment Period

If my application and payment is received between the 1st and 25th day of the month, my coverage will begin on the 1st day of the following month.

If my application and payment is received between the 26th and last day of the month, my coverage will begin on the 1st day of the 2nd month.

Credit Card Payment Authorization

By joining this dental plan, I am authorizing Healthplex Insurance Company to bill my credit card for premium due. If I select the monthly recurring payment option, I understand my credit card will be charged automatically each month on a recurring basis for the term of the policy.

Cancellation Policy

I agree to provide Healthplex Insurance Company with written notice at least 14 days prior to cancellation.

Renewal Conditions

This plan will automatically renew at the end of my membership term on an annual basis unless I notify Healthplex Insurance Company of my request to cancel prior to the renewal date.

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New York State Regions and Counties

Region	Counties
Albany	Albany, Columbia, Fulton, Greene, Montgomery, Rensselaer, Saratoga, Schenectady, Schoharie, Warren, Washington
Buffalo	Allegany, Cattaraugus, Chautaugua, Erie, Genesee, Niagara, Orleans, Wyoming
Mid-Hudson	Delaware, Dutchess, Orange, Putnam, Sullivan, Ulster
NYC	Bronx, Kings, New York, Queens, Richmond, Rockland, Westchester
Rochester	Livingston, Monroe, Ontario, Seneca, Wayne, Yates
Syracuse	Broome, Cayuga, Chemung, Cortland, Onondaga, Schuyler, Steuben, Tioga, Tompkins
Utica	Chenango, Clinton, Essex, Franklin, Hamilton, Herkimer, Jefferson, Lewis, Madison, Oneida, Oswego, Otsego, St. Lawrence
Long Island	Nassau, Suffolk