

GROUP DENTAL PLAN

Dear Certificateholder/Claimant:

Enclosed is a claim form for filing for dental benefits. Please have the claim form completed as follows:

FILING FOR DENTAL BENEFITS:

1. Please complete the Patient section, boxes 8-18.
2. Please complete the Certificateholder/Employee section. **Excluding boxes 31-38 and 40.**
3. Please have your dentist complete the Billing Dentist section, Boxes 42- 66.
Excluding box 53.

Processing time for a routine claim is 10 business days. Failure to have this form properly completed may delay processing of your claim. Please mail completed form to the address noted in boxes 3 through 7. You may fax your completed claim to 1-866-849-2970.

Should you have any questions, please do not hesitate to contact the Customer Service Center at 1-866-849-0017.