

National Pacific Dental DHMO Plan

Enrollment Instructions:

1. Complete all requested information on the Enrollment Form.
2. Choose a participating dentist from the website and write the dentist's name and number on the Enrollment Form.
3. Choose payment method and print appropriate forms from our website: www.massbenefits.com.

Payroll Deduction - choose: Direct Deposit Form, or Employee Express/HR Links Format (Check with your payroll office to determine the appropriate method:)

Direct Deposit Form is mailed to your payroll office.

Employee Express/HR Links Format provides information for your online connection to your payroll office.

Monthly Check Service - include the Monthly Check Service Form, and a check for the first month's premium.

Quarterly Direct Bill - upon receipt of your Enrollment Form, we will mail you a "Notice of Payment Due" invoice.

4. Mail to:

Mass Benefits
P.O. Box 828
Annandale, VA 22003-0828

NATIONAL PACIFIC DENTAL
Federal Employee Dental Plan

1. Print and Complete the Enrollment Form.

2. Choose Payment Method:

- _____ Payroll Deduction (see "Enrollment Instructions")
 _____ Monthly Check Service (include the first monthly payment
 and Monthly Check Service form
 _____ Quarterly Billing (we will bill you for the first quarterly
 payment upon receipt of your application).

3. Mail the complete form(s) to: Mass Benefits Consultants, Inc.
 P.O. Box 828
 Annandale, VA 22003-0828

Enrollment Form		
Dentist Name & ID Number	Last Name First Name MI	Sex: _____ Male _____ Female
Social Security #:	(Home) Street:	Date of Birth:
Date of Employment: / /	(Home) City State Zip	Home Phone: ()
Federal Department & Agency:	Personnel Office Phone # ()	Work Phone and extension: ()

IF DEPENDENT COVERAGE IS ELECTED, YOU MUST ENROLL ALL ELIGIBLE DEPENDENTS

First Name	M.I.	Last Name (If different)	Sex	Date of Birth
SPOUSE:				/ /
CHILD(REN):				/ /
				/ /
				/ /

* If the address of any child is different from the member, please show child's address with name above.

* If requesting coverage for a dependent child other than a son or daughter, please forward legal custody papers.

To the best of my knowledge and belief, each of the statements and answers supplied in this form is complete and true, and constitute the sole basis for, and are the inducement for, the issuance of any insurance.

Date _____ / _____ / _____ Member's Signature: _____