

CIGNA Dental Care® Enrollment Form

For Patient Charge Schedule K1-09

Independent Business Owners Program

Office Use Only

Independent Business Owners, Spouses and Families

Please mail your completed enrollment form to USI Affinity, 14 Cliffwood Ave, Suite 310, Matawan, NJ 07747.

Coverage becomes effective on the first day of the month following our receipt of your completed enrollment form and premium.

ISO #: _____ ISO Level: _____

Please Check One: ☐ New Enrollment ☐ Change, provide reason: _____

Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement or claim of an application containing any false or misleading information is guilty of insurance fraud. (In Florida, this is a felony of the third degree.)

General Information

Applicant's Name: _____

Address: _____ Apt Number: _____ City: _____ State: _____ ZIP: _____

Daytime Phone: _____ Home Phone: _____ Fax Number: _____

E-mail Address: _____ May we send you USI Affinity updates by e-mail? ☒ Yes ☐ No

Handicapped dependents over the age of 25: Please attach a Physician's Statement

Complete for All Persons to Be Covered

Relationship	Name (including last if different)	Date of Birth	Gender	Social Security #	Dental Office Selection 1 st Choice	2 nd Choice	Add or Cancel?
Self	_____	_____	_____	_____	_____	_____	_____
Spouse	_____	_____	_____	_____	_____	_____	_____
Child	_____	_____	_____	_____	_____	_____	_____
Child	_____	_____	_____	_____	_____	_____	_____
Child	_____	_____	_____	_____	_____	_____	_____
Child	_____	_____	_____	_____	_____	_____	_____
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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 a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation. (In Florida, this is a felony of the third degree. In New York, the civil penalty is not to exceed five thousand dollars and the stated value of the claim for each such violation. "In Nebraska, "is" is changed to "may be").

I authorize payment of dental benefits to the provider of dental care.

I authorize any participating dental office to release dental records and billing information concerning me or my dependent to CIGNA Dental Health and Cigna Health and Life Insurance Company for purposes of plan administration or for the purpose of validating and determining benefits payable. I further authorize CIGNA Dental Health and Cigna Health and Life Insurance Company to release any records or information concerning me or my dependents to its designee, for purposes of plan administration and customer service. California law prohibits an HIV test from being required or used by health insurance companies as a condition of obtaining health insurance coverage. CIGNA Dental and Cigna Health and Life Insurance Company do not require such tests in any state as a condition of obtaining dental coverage.

Enrolled is my initial monthly premium (payable to USI Affinity) of

\$ _____

I understand that I will continue to receive my premium statements monthly.

I have read and accepted the provisions printed above.

Signature of Applicant: _____ Date: _____

State Of Ct Cigna Dental

E. Haavi Morreim



State Of Ct Cigna Dental:

Financial Services and Insurance Industry Litigation ,2005 **List of Insurance Companies Authorized to Transact Business in the State of Ohio ...** ,1993 *5500 Preparer's Manual for 2021 Plan Years* Fisher, Andersen, *5500 Preparer's Manual for 2016 Plan Years* Fisher, Andersen,2017-03-21 The premier resource in the field of Form 5500 preparation 5500 Preparer s Manual will help you handle the required annual Form 5500 filings for both pension benefits and welfare benefit plans Written by an expert in the field of Form 5500 preparation the 2016 Plan Years edition provides Up to date line by line explanations making it easy to prepare forms for filings At a glance charts and examples covering key requirements filing summaries due dates penalties and more Step by step instructions for electronic filing including electronic signatures transmission and accessing government software And more The 2016 Plan Years edition has been completely updated to include guidance on Discussion of the Form 5500 2019 plan year proposed modernization changes DOL proposed annual compliance reporting for small plans that are currently exempt from annual reporting to file a newly proposed Schedule J Group Health Plan Information in addition to completing certain Form 5500 elements Detailed listings of ERISA and non ERISA health and welfare benefits to clarify which are required to be reported on a Form 5500 filing ERISA Filing Acceptance System 2 EFAST2 processes and requirements for mandatory electronic filing and how to amend the Form 5500 filings using the electronic system Late filings the DOL s Delinquent Filer Voluntary Compliance DFVC Program and the latest IRS rules that must be satisfied in order to qualify for full relief under DFVC Information about the new IRS compliance questions appearing on Form 5500 EZ as well as Schedules H I and R and which items should not be completed for 2016 plan years How to qualify for relief from the audit requirements that apply to small pension plans And much more **Best's Insurance Reports** ,2008 **Connecticut General Statutes Annotated** Connecticut,2000 PRINT SUBSCRIPTION CANCELLED 10 2013 **5500 Preparer's Manual for 2012 Plan Years** Janice M. Wegesin,2013-01-02 The premier resource in the field of Form 5500 preparation 5500Preparer s Manual will help you handle the required annual Form 5500filings for both pension benefits and welfare benefit plans Written by an expert in the field of Form 5500 preparation the 2012Plan Years edition provides Up to date line by line explanations making it easy to prepare forms forfilingsAt a glance charts and examples covering key requirements filing summaries due dates penalties and moreStep by step instructions for electronic filing including electronicsignatures transmission and accessing government softwareAnd more The 2012 Plan Years edition has been completely updated toinclude guidance on ERISA Filing Acceptance System 2 EFAST2 processes and requirements formandatory electronic filing and how to amend the Form 5500 filings using theelectronic systemLate filings and the DOL s Delinquent Filer Voluntary Compliance DFVC ProgramHow to qualify for relief from the audit requirements that apply to smallpension plansBenchmarks that should be kept in mind when evaluating fidelity bond coveragepurchased to comply with ERISA Section 412How to prepare and submit the Form 8955 SSAThe Form

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Table of Contents State Of Ct Cigna Dental

1. Understanding the eBook State Of Ct Cigna Dental
 - The Rise of Digital Reading State Of Ct Cigna Dental
 - Advantages of eBooks Over Traditional Books
2. Identifying State Of Ct Cigna Dental
 - Exploring Different Genres
 - Considering Fiction vs. Non-Fiction
 - Determining Your Reading Goals
3. Choosing the Right eBook Platform
 - Popular eBook Platforms
 - Features to Look for in an State Of Ct Cigna Dental
 - User-Friendly Interface
4. Exploring eBook Recommendations from State Of Ct Cigna Dental
 - Personalized Recommendations
 - State Of Ct Cigna Dental User Reviews and Ratings
 - State Of Ct Cigna Dental and Bestseller Lists
5. Accessing State Of Ct Cigna Dental Free and Paid eBooks

- State Of Ct Cigna Dental Public Domain eBooks
- State Of Ct Cigna Dental eBook Subscription Services
- State Of Ct Cigna Dental Budget-Friendly Options
- 6. Navigating State Of Ct Cigna Dental eBook Formats
 - ePub, PDF, MOBI, and More
 - State Of Ct Cigna Dental Compatibility with Devices
 - State Of Ct Cigna Dental Enhanced eBook Features
- 7. Enhancing Your Reading Experience
 - Adjustable Fonts and Text Sizes of State Of Ct Cigna Dental
 - Highlighting and Note-Taking State Of Ct Cigna Dental
 - Interactive Elements State Of Ct Cigna Dental
- 8. Staying Engaged with State Of Ct Cigna Dental
 - Joining Online Reading Communities
 - Participating in Virtual Book Clubs
 - Following Authors and Publishers State Of Ct Cigna Dental
- 9. Balancing eBooks and Physical Books State Of Ct Cigna Dental
 - Benefits of a Digital Library
 - Creating a Diverse Reading Collection State Of Ct Cigna Dental
- 10. Overcoming Reading Challenges
 - Dealing with Digital Eye Strain
 - Minimizing Distractions
 - Managing Screen Time
- 11. Cultivating a Reading Routine State Of Ct Cigna Dental
 - Setting Reading Goals State Of Ct Cigna Dental
 - Carving Out Dedicated Reading Time
- 12. Sourcing Reliable Information of State Of Ct Cigna Dental
 - Fact-Checking eBook Content of State Of Ct Cigna Dental
 - Distinguishing Credible Sources
- 13. Promoting Lifelong Learning
 - Utilizing eBooks for Skill Development

- Exploring Educational eBooks

14. Embracing eBook Trends

- Integration of Multimedia Elements
- Interactive and Gamified eBooks

State Of Ct Cigna Dental Introduction

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