

**CIGNA Dental DHMO
Acknowledgement Form
CIGNA Plan K1 I09**

Name:

Coverage Tier Elected: Member Only
Member + Spouse
Member + Children
Family

CIGNA Dental DHMO

I choose to enroll in the above referenced dental plan and I understand the following:

- Coverage begins on the effective date or on the date of approval by the insurance company. If later.
- You (and your dependents) must choose a participating CIGNA dental provider. This provider will manage all dental treatment and refer you to network dental specialists if needed.
- Members can change dental providers as often as once per month by contacting CIGNA. Provider changes requested prior to the 25th of the month will be effective on the first day of the following month. Change requests made after the 25th of the month will take effect on the first day of the second month. Note that all dental work in progress should be completed prior to considering a provider change.
- Retirees are eligible to continue this dental plan upon retirement with notification to the VIP Service Center at 800-347-6071.
- Members that drop the dental plan will not be eligible to re-enroll until 12 months from the date of cancellation.
- For further savings, you will be able to submit paid CIGNA dental bills that have out-of-pocket balances for additional reimbursement through your union Health & Security Plan. You will be responsible for following all requirements of the union plan, including any necessary pre-authorization for services (such as dentures & bridgework, crowns, extensive gum treatment, root canal therapy or orthodontics). Prior to treatment, you should contact the Health & Security Plan Inquiry Unit at 212-815-1234 for additional information about the union Health & Security dental plan rules and pre-authorization requirements.

Member Signature

Date