



**CIGNA DENTAL PPO ENROLLMENT AND CHANGE FORM  
FOR CLERGY AND RELIGIOUS BROTHERS AND SISTERS**

Please Print Clearly or Type

Insured and/or Administered by  
Connecticut General Life Insurance Company

Please mark appropriate box:		Effective Date: _____
New Enrollment	<b><u>Reason for Change</u></b>	
Change	Institutional Transfer: Old Inst. and Div. Nos. _____	
	Religious: Transfer to different dental plan	
	Open Enrollment	Other: If other, give reason:
<b>NOTE: PLEASE COMPLETE ALL INFORMATION</b>		
NAME (Last, First, Middle Initial)		Social Security Number
ADDRESS	Apt. #      City	State      Zip Code
TELEPHONE		
Home: (    )		Work: (    )
Policyholder	Date of Birth	Gender
<b>ARCHDIOCESE OF NEW YORK</b>	(mm/dd/yy)	Male Female
SELECT PLAN:		Coverage Identification Number
Clergy      Religious Plan I (Non-Stipend only)		(if different than SS No.)
Religious Plan II (Mandatory for Religious Plan on Stipend)		
NAME OF INSTITUTION/DEPARTMENT & ADDRESS		INST. NUMBER _____
		<b><u>DIVISION:</u></b>
		Clergy 053    153    156
		Religious 050    051    052
<b>I have read and accept the provisions printed below:</b>		
SIGNATURE:		DATE:
I accept the coverage/insurance benefits provided by this group dental plan and authorize the processing of my enrollment in the dental coverage as indicated on this form.		
I authorize payment of dental benefits to the provider of dental care.		
I authorize CIGNA or any other participating dental office to release my dental records to any CIGNA company for plan administration purposes.		

Please email or fax form to: [ebc@archny.org](mailto:ebc@archny.org)