



**Dominion National**  
**800-334-6277 (Toll-free)**

## Dominion National Access ePPO Enrollment Form

Last Name	First Name	M.I.	Date of Birth	Social Security Number
Home Street Address			Coverage: <input type="checkbox"/> Single <input type="checkbox"/> Two Party <input type="checkbox"/> Family	
			Agency Name: _____	
City	State	Zip	<b>AFSPA USE ONLY</b>	
			Effective Date    /    /	
Home Telephone	Work Telephone	E-mail Address		<b>GROUP# 181391</b>

**DEPENDENT(S) TO BE COVERED \*\*Children covered up to age 26 \*\***

Last Name	First Name	M.I.	Date of Birth	Full-Time Student Y/N	Name of School
Spouse				<b>N/A</b>	<b>N/A</b>
Dependent					
Dependent					
Dependent					
Dependent					

- **NOTE: You must use a participating provider in the Dominion National Access ePPO network to receive benefits. Dominion National does not provide an out of network provider option.**
- **Please visit <http://www.DominionNational.com> to locate a participating dentist or call 1-800-334-6277. Each family member has the flexibility to select their dentist of choice from the participating Dominion National Access ePPO providers. You can change dentists within the network at any time without notifying Dominion National.**

**I hereby request enrollment in the Dominion National program. AFSPA encourages enrollment for a minimum of one year.**

**Bill Me Quarterly**

**Bill me Annually**

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Mail form to:** American Foreign Service **Protective Association**  
 1620 L Street NW, Suite 800  
 Washington DC 20036

**Phone:** (202) 833-4910

**Fax to:** (202) 775-9082

**Online:** <http://www.afspa.org/secureform.cfm?FormName=Dental-Plan-Question>