afspa
AMERICAN FOREIGN SERVICE PROTECTIVE ASSOCIATION

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

Dominion National Access ePPO Enrollment Form

SUBCRIBER INFORMATION

Last Name First Name M.I.		Date of Birth	Social Security Number
		Gender ☐ Male ☐ Female ☐ I prefer not to say	
Home Street Address		Coverage ☐ Single ☐ Two Party ☐ Family	
		Agency Name ________________________	
City State Zip		AFSPA USE ONLY Effective Date / /	
Home Telephone	Work Telephone	E-mail Address	GROUP# 181391

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

Last Name First Name M.I.	Date Of Birth	Gender M/F/Other	Full-Time Student Y/N	Name Of School
Spouse			N/A	N/A
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**