

Dominion National Access ePPO Enrollment Form

SUBSCRIBER INFORMATION

| | | | | | | | |
|---------------------|--|----------------|--|----------------|---|------------------------|--|
| Last Name | | First Name | | M.I. | Date of Birth | Social Security Number | |
| | | | | | Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> I prefer not to say | | |
| Home Street Address | | | | | Coverage <input type="checkbox"/> Single <input type="checkbox"/> Two Party <input type="checkbox"/> 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: <https://www.afspa.org/secure-form-dental-plan-question/>