



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

Dominion National Elite Plus ePPO Enrollment Form

SUBSCRIBER INFORMATION

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	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	Full-Time Student Y/N	Name Of School
Spouse				N/A	N/A
Dependent					
Dependent					
Dependent					
Dependent					

- **NOTE: To receive benefits, you must use a participating provider in the Dominion National Access ePPO network. 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.

Bill Me

Quarterly

Annually



I acknowledge that I am enrolling in a private plan and understand that AFSPA does not deduct premiums from my bi-weekly payroll or monthly annuity payments. Payments must be submitted to AFSPA via check or direct debit. Credit card payment options are also available by logging into my member portal.

I hereby request enrollment in the DOMINION NATIONAL Elite Plus Eppo dental plan. AFSPA encourages enrollment for a minimum of one year. I understand that cancellation requests must be submitted in writing to AFSPA directly, and your policy will be terminated on the 1st day of the month following the date of receipt of your cancellation request. You will not be eligible to re-enroll for 1-year from the effective date of termination.

By my signature, I hereby request Membership in the Protective Association's Dental Program through Dominion National.

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>