Healthplex Insurance Company
333 Earle Ovington Blvd., 3rd Floor
Uniondale, NY 11553-3608
P 800-468-0466 • F 516-228-9572
www.healthplex.com

SHOP PEDIATRIC "OFF-EXCHANGE" GROUP ENROLLMENT FORM

EMPLOYER/GROUP INFORMATION

Employer/Group Name	Group Number

EMPLOYEE INFORMATION

Employee Last Name	Employee First Name	M.I.	SSN

Address	City	State	Zip Code

Home Phone	Email Address

PEDIATRIC MEMBERS

Last Name, First Name	SSN	Gender	D.O.B.
		☐M ☐F	__ __ / __ __ / __ __
		☐M ☐F	__ __ / __ __ / __ __
		☐M ☐F	__ __ / __ __ / __ __
		☐M ☐F	__ __ / __ __ / __ __
		☐M ☐F	__ __ / __ __ / __ __
		☐M ☐F	__ __ / __ __ / __ __
		☐M ☐F	__ __ / __ __ / __ __

By signing below, I affirm that I am employed by the above-referenced employer/group and I am the parent/guardian of the pediatric member(s) listed herewith. I understand that my employer is responsible for the payment of monthly premium due to Healthplex Insurance Company for pediatric dental coverage.

Signature	Date

BROKER INFORMATION (IF APPLICABLE)

Broker Name	SSN/Tax ID#