



Underwritten by:  
**International Healthcare  
Services, Inc.**



Administered by:  
**healthplex**

Please send completed form to:  
International Healthcare Services, Inc.  
Attention: Sales  
333 Earle Ovington Blvd., Suite 300  
Uniondale, NY 11553-3608  
P 800-468-0466 F 516-228-9572

## ADULT/FAMILY "OFF-SMALL BUSINESS" GROUP ENROLLMENT FORM

EMPLOYER/GROUP INFORMATION				
Employer/Group Name		Group Number		Effective Date
EMPLOYEE INFORMATION				
Employee Last Name		Employee First Name		M.I.
SSN				
Address		City	State	Zip Code
Home Phone		Email Address		Gender
D.O.B.				
SPOUSE/DOMESTIC PARTNER <sup>1</sup> /CIVIL UNION PARTNER <sup>2</sup>				
Last Name, First Name		SSN		Gender
D.O.B.				
DEPENDENTS TO BE COVERED <sup>3</sup>				
<i>(If you have more than five (5) dependents, please use an additional enrollment form (FX-0015IHS-OFF-GROUP) and attach it to this form)</i>				
Last Name, First Name		Gender		D.O.B.
Last Name, First Name		Gender		D.O.B.
Last Name, First Name		Gender		D.O.B.
Last Name, First Name		Gender		D.O.B.
Last Name, First Name		Gender		D.O.B.
<sup>1</sup> Members under 19 will receive pediatric benefits. Dependent children between and including the ages of 19 and 29 will receive adult benefits. Subscriber and dependent spouse/domestic partner/civil union partner shall receive pediatric benefits until age 19, then adult benefits throughout the term of the policy.				
PRIMARY CARE DENTIST (PCD) SELECTION				
Please choose one Primary Care Dentist (PCD) from the <b>New Jersey FFM Provider Network</b> . If no selection is made, a PCD will be assigned nearest your home. To view available dentists in the network, visit <b>healthplex.com</b> and select "Our Dentists" then "New Jersey FFM Provider Network".				
Dentist Name		Dentist Site Code		
<b>By signing below, I affirm that I am employed by the above-referenced employer/group and I have read and agree to the terms and conditions on this form. I understand that my employer/group is responsible for the payment of monthly premium due to International Healthcare Services, Inc. for dental coverage.</b>				
<b>Any person who includes any false or misleading information on an application for coverage is subject to criminal and civil penalties.</b>				
Signature*			Date	
<b>*All statements made by the enrollee are true and complete to the best of the enrollee's knowledge pursuant to N.J.A.C. 11:4-42.4(g)</b>				
BROKER INFORMATION (if applicable)				
Broker Name		SSN/Tax ID#		

<sup>1</sup>Only Domestic partnerships entered into on or after Feb. 19, 2007 and individual is age 62 or over will be recognized. All Domestic partnerships will be recognized when entered into before Feb 19, 2007.

<sup>2</sup>Coverage for civil union partners and their equivalents entered into February 19th, 2007 and on.



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## **ADULT/FAMILY “OFF-SMALL BUSINESS” GROUP ENROLLMENT FORM**

### **TERMS & CONDITIONS**

#### **Benefits**

I understand that the In-Network benefits covered by International Healthcare Services, Inc. are only available to our Members at participating dental offices and that there are no Out-of-Network benefits except for emergency dental care which may, if necessary, be provided by a non-participating provider. A non-participating provider may provide benefits, if authorized, when there is no participating provider available to provide the service. Members and their dependents under 19 will receive pediatric benefits. Dependent children between and including the ages of 19 and 29 will receive adult benefits. Subscriber and dependent spouse/domestic partner/civil union partner shall receive pediatric benefits until age 19, then adult benefits throughout the term of the policy.

#### **Mail Completed Form To:**

International Healthcare Services, Inc.  
Attention: Sales  
333 Earle Ovington Blvd., Suite 300  
Uniondale, NY 11553-3608

## NOTICE OF NON-DISCRIMINATION

**Healthplex, Inc.**, complies with Federal civil rights laws. **Healthplex, Inc.** does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

**Healthplex, Inc.** provides the following:

- Free aids and services to people with disabilities to help you communicate with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Free language services to people whose first language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, call Healthplex, Inc. at 1-800-468-9868. For TTY/TDD services, call 1-800-662-1220.

If you believe that **Healthplex, Inc.** has not given you these services or treated you differently because of race, color, national origin, age, disability, or sex, you can file a grievance with **Healthplex, Inc.** by:

Mail: 333 Earle Ovington Blvd., Suite 300, Uniondale, NY 11553-3608  
Phone: 1-800-468-9868 (for TTY/TDD services, call 1-800-662-1220)  
Fax: 1-516-228-1734  
In person: Same as Mailing Address (above)  
Email: GA@healthplex.com

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights by:

Web: Office for Civil Rights Complaint Portal at  
<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>  
Mail: U.S. Department of Health and Human Services  
200 Independence Avenue SW., Room 509F, HHH Building  
Washington, DC 20201  
Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>  
Phone: 1-800-368-1019 (TTY/TDD 800-537-7697)

ATTENTION: Language assistance services, free of charge, are available to you. Call 1-800-468-9868; TTY/TDD 1-800-662-1220.	English
ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-468-9868 (TTY: 1-800-662-1220).	Spanish
注意：如果您使用繁體中文，您可以免費獲得語言援助服務。 請致電 1-800-468-9868 (TTY: 1-800-662-1220).	Chinese
ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-468-9868 (1-800-662-1220) (رقم هاتف الصم والبكم).	Arabic
주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다 1-800-468-9868 (TTY: 1-800-662-1220) 번으로 전화해 주십시오.	Korean
ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-468-9868 (телетайп: 1-800-662-1220).	Russian
ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-468-9868 (TTY: 1-800-662-1220).	Italian
ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-468-9868 (ATS : 1-800-662-1220).	French
ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-468-9868 (TTY: 1-800-662-1220).	French Creole
אויפֿמערקזאָם: אויב איר רעדט אידיש, זענען פֿארהאן פֿאר אייך שפראך הילף סערוויסעס פֿריי פֿון אפצאל. רופט 1-800-468-9868 (TTY: 1-800-662-1220).	Yiddish
UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-468-9868 (TTY: 1-800-662-1220).	Polish
PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-468-9868 (TTY: 1-800-662-1220).	Tagalog
লক্ষ্য করুন: যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নিঃখরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন ১-৮০০-৪৬৮-৯৮৬৮ (TTY: ১-৮০০-৬৬২-১২২০)।	Bengali
KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-800-468-9868 (TTY: 1-800-662-1220).	Albanian
CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-468-9868 (TTY: 1-800-662-1220).	Vietnamese
સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિઃશુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-800-468-9868 (TTY: 1-800-662-1220).	Gujarati
ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-800-468-9868 (TTY: 1-800-662-1220).	Greek
خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں 1-800-468-9868 (TTY: 1-800-662-1220).	Urdu
ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-468-9868 (TTY: 1-800-662-1220).	Portuguese
เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-800-468-9868 (TTY: 1-800-662-1220).	Thai
ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-800-468-9868 (TTY: 1-800-662-1220) पर कॉल करें।	Hindi
ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-468-9868 (TTY: 1-800-662-1220).	German