



Safeguard

Safeguard Dental HMO Change Form

If you need to make changes to your Safeguard dental HMO plan, please provide the information requested below and take the signed form to your Human Resources contact.

Type of Change: Name Address and/or Tel Provider Terminate Dependent

Group Number:	Group Name:	City of San Antonio	Change Effective Date:	Family ID or Social Security No.
Employee Name (on file)			New Name	
Previous Street Address			New Street Address	
Previous City, State, ZIP			New City, State, ZIP	
Provider Change	Facility No. 1st Choice:		Facility No. 2nd Choice:	

Occasionally, your first facility selection may be unable to take new members. If that occurs, we will process your second choice. If changing providers

Dependent Changes

Add	Term	Last Name	First Name	DOB	Relationship	Facility 1 st	Facility 2 nd

Employee signature: _____

Date signed: _____

Safeguard® is a registered trademark of Safeguard Health Enterprises, Inc. Benefits provided by Safeguard Health Plans, Inc.