



Safeguard

IMPORTANT ENROLLMENT INFORMATION

If you are enrolling on the Safeguard Dental HMO plan, complete this form and return it with your Benefits Enrollment Form. On the dental HMO plan, you must be registered in a Safeguard general dentist's office in order to receive care. A directory of dentists in your area is included in this enrollment booklet; please select two dentists for each person enrolling (if the first dentist is unable to take new members for any reason, your second selection will be used).

Without this information, access to benefits may be delayed.

Provider Selection Form

EMPLOYEE SOCIAL SECURITY #: _____

Select two Safeguard dentists
for each person enrolling

	Last Name	First Name	MI	Birth Date	Facility Numbers
Employee					
My Spouse					
Child					
Child					
Child					
Child					

If you have questions or need assistance completing this form, please call Safeguard Customer Service at **800.880.1800**.

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