TWU Local 252 – Active & Retired Members

2017 Enrollment Form

SECTION 1: Your Information *(Please Print Clearly)*

First Name:	Last Name:
Street Address:	
City: State: Zip Code:	Gender: ☐ F ☐ M
Date of Birth (MM/DD/YY):	Social Security Number (XXX-XX-XXXX):
Email Address:	Phone #:

SECTION 2: Your Coverage Selection

	CIGNA DENTAL DMO	GVS VISION/HEARING
YOURSELF ONLY	☐ $19.75	☐ $13.50
YOU + SPOUSE	☐ $34.00	☐ $22.50
YOU + CHILD(REN)	☐ $43.75	☐ $23.00
FAMILY	☐ $62.00	☐ $34.00

Dentist Office Code: _____

Go to www.cigna.com to locate a provider or call 800-244-6224. If you do not choose a Dentist, Cigna will assign one to you and you can change it by contacting Cigna.

SECTION 3: Your Dependents (Dependent Children are covered to the end of the month they turn 26.)

	First Name	Last Name	Gender (M/F)	Date of Birth (MM/DD/YY)
Spouse				
Dependent				
Dependent				

SECTION 4: Your Monthly Payment Information

Payment is taken on the 28th of each month by Extensive Benefits (Union Insurance)

You must pay with VISA, MasterCard, Discover, American Express, Debit Card or Automatic Withdrawal from Checking Account.

Account Name: (First)_____ (Last)_____

☐ **Credit or Debit Card Number:** **Expiration Date:**

__ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ ___ ___ - ___ ___

M M Y Y

☐ **Checking Account:** ***Bank Name:*** _____

_____ _____

Routing Number (9 digits) *Account Number*

I hereby authorize Extensive Benefits to charge insurance premiums to my credit/debit card indicated in this authorization form. This payment is for vision and/or hearing insurance monthly premiums, underwritten by Cigna and/or GVS. My signature and date on this form certifies and warrants that all dependent eligibility information is true, correct and current.

_____ _____

Signature *Date*

RETURN THIS FORM TO:

Email: INFO@extensivebenefits.com
Fax: 404-585-3508
Mail: Extensive Benefits, Inc.
P.O. Box 813546
Smyrna, Georgia 30081

If you have any questions regarding the coverage options, please contact
Cigna (Dental) (PLAN NAME: TWU LOCAL 252) – 800-244-6224
GVS (Vision) (PLAN NAME: EXTENSIVE BENEFITS) – 877-547-6957
GHS (Hearing) (PLAN NAME: EXTENSIVE BENEFITS) – 888-899-1447

For billing questions, contact Extensive Benefits at 888-416-4211