

UPDATE YOUR PAYMENT INFORMATION WITH US

Van Valen Associates is the company that services your benefits.

Our recent change in administrators (*The Dickinson Group*) was made to enhance the level of service we provide by improving access to member information and ensuring a higher standard of customer support for all members.

To continue your coverage without interruption in 2025, we kindly ask that you complete and return the authorization form below as soon as possible. This form grants us the necessary permission to continue billing you as scheduled.

Feel free to call us if you have any questions, 516-399-0700. We thank you for your time cooperation.

PAYMENT AUTHORIZATION FORM

YOUR INFORMATION

First Name: _____

Last Name: _____

Phone Number: __ (____) _____

Email Address: _____

YOUR PAYMENT INFORMATION

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

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Credit Card Number:

Expiration Date:

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Checking Account: Bank Name: _____

Routing Number (9 digits)

Account Number



I hereby authorize The Dickinson Group to charge Dental insurance premiums to my credit/debit card indicated in this authorization form. This payment is for the dental and/or insurance monthly premiums, underwritten by Cigna and GVS. I certify that I am an authorized user of this credit/debit card and that by signing this document, I am accepting all the responsibility for these transactions to ensure full payment until the termination of such benefits. I will inform you immediately if use of this card is no longer valid.

Your Signature:

Date:

3 WAYS TO RETURN THIS FORM.



(1) Email:
kmc@dickinsongrp.com



(2) Mail: The Dickinson Group
585 STEWART AVE, SUITE 330
GARDEN CITY, NY 11530



(3) Text: 631-487-5871