The Dental Care Plus Group
The plus is service.

100 Crown Point Place • Cincinnati, OH 45241
Phone (513) 564-1100 • 1-800-387-9466
Fax (513) 618-3882

CHANGE REQUEST FORM

☐ Name/Address change: fill in Section 1
☐ Add/Terminated dependents: fill in Section 2
☐ Terminate/Reactivate coverage: fill in Section 3

<table>
<thead>
<tr>
<th>SOCIAL SECURITY NUMBER</th>
<th>EMPLOYEE LAST NAME</th>
<th>FIRST NAME</th>
<th>MI</th>
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<tr>
<th>EMPLOYER</th>
<th>GROUP NUMBER</th>
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SECTION 1

ADDRESS CHANGE
NEW ADDRESS
CITY
STATE
ZIP CODE

NAME CHANGE
THE REASON FOR THE CHANGE IS (CHECK ONE):
☐ MARRIAGE
☐ CORRECTION
☐ DIVORCE
☐ COURT ORDER

CHANGE NAME FROM: ________________________________
TO: ________________________________

SECTION 2

☐ ADD DEPENDENT(S)

COMPLETE THE FOLLOWING INFORMATION FOR EACH DEPENDENT TO BE ADDED TO THE PLAN

<table>
<thead>
<tr>
<th>NAME(S) OF DEPENDENT(S) TO BE ADDED</th>
<th>SEX</th>
<th>BIRTH DATE</th>
<th>EFFECTIVE DATE</th>
<th>RELATIONSHIP</th>
<th>REASON</th>
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Will you or any dependent be covered under another dental insurance plan while a member of Dental Care Plus Insurance Company?

Yes ______ No ______

If yes, name and address of other insurance company

Policy # ________________________________

SECTION 3

TERMINATE COVERAGE

REASON:
☐ TERMINATED EMPLOYMENT
☐ NO LONGER ELIGIBLE
☐ COBRA ELIGIBILITY ENDED
☐ OPEN ENROLLMENT

DATE COVERAGE ENDS: ________________________________

REACTIVATE COVERAGE

REASON:
☐ TERMINATED IN ERROR
☐ ELECTED COBRA
☐ REHIRED
☐ COURT ORDER

EFFECTIVE DATE: ________________________________

OTHER

STATE CLEARLY THE REQUESTED CHANGE: ________________________________

X ADMINISTRATOR/EMPLOYEE SIGNATURE ________________________________ DATE ________________________________

Fraud Notice - Ohio Residents Only: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Fraud Notice - Kentucky Residents Only: Any person who knowingly and with intent to defraud an insurer files an application or statement of claim containing any false, incomplete or misleading information may be guilty of insurance fraud which is a crime.

DEIC-97