

# Dentist Selection Card

## How do I join the Prepaid Plan?

### State of Tennessee Prepaid Plan

Name \_\_\_\_\_  
LAST FIRST MIDDLE INITIAL

Social Security Number \_\_\_\_\_

Dentist Facility Number \_\_\_\_\_ Date \_\_\_\_\_

Phone Number \_\_\_\_\_

Employee Signature \_\_\_\_\_

*If eligible Family Members have a different dentist selection from yours, list the information below:*

<i>First Name</i>	<i>MI</i>	<i>Last Name (if different)</i>	<i>Dentist Facility ID#</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

*Employees enrolling for dental coverage must return this card and a completed State of Tennessee enrollment/change application to their agency's insurance preparer.*

*If you need more information, please call  
Customer Service at 1-800-443-2995  
or visit us at [www.assurant.com](http://www.assurant.com)*

1. Complete the appropriate sections of State of Tennessee enrollment/change application and return it to your agency's insurance preparer. (If need a copy of this application, please contact your agency's insurance preparer.)
2. Select a General Dentist for yourself, and every eligible member of your family. (A list of General Dentists participating with the Prepaid Plan begins on page 5 of this booklet or, you may select a participating dentist online at [www.assurant.com](http://www.assurant.com) from the DentiCare provider information.
3. Complete the Dentist Selection Card at left, being sure to include 7-digit Dental Facility ID# for each Participating General Dentist you select. (A list of General Dentists participating with the Prepaid Plan begins on page 5 of this booklet.) Detach and return the card directly your agency's insurance preparer.