

## ACCOUNT CHANGES

### Add or remove Superior Vision coverage

- All changes made on this form are to be made to the Subscriber's account listed in Subscriber Information.
- Changes that do not affect your billing (name, address, telephone number etc.) may be submitted by calling or emailing DENCAP Dental Plans.
- Pre-paid monthly premiums cannot be refunded.
- Superior Vision coverage will be added/removed to all active dependents in Subscriber Account. This change will not affect your DENCAP Dental Coverage.
- You will receive a separate Superior Vision ID Card by mail, if applicable.

#### Subscriber Information

Subscriber Name:

Subscriber DENCAP Member Number *or* Social Security Number:

#### Superior Vision Coverage

☐ Please **add** Superior Vision coverage to my existing DENCAP Dental Plan

☐ Please **remove** Superior Vision coverage from my existing DENCAP Dental Plan  
I understand there is a 36 month waiting period to re-enroll in Superior Vision coverage.

#### Superior Vision Effective Date

Desired Effective Date:

Please START coverage on the FIRST DAY of MONTH: \_\_\_\_\_ YEAR: \_\_\_\_\_

Please TERMINATE coverage on the LAST DAY of MONTH: \_\_\_\_\_ YEAR: \_\_\_\_\_

If an invalid or no date is entered, the earliest possible date will be used.  
I understand that adding/removing Superior Vision coverage will change my premium.  
By signing this form I authorize the changes indicated above to my account.

#### Signature Required

Signature:

Date: