



## Instructions – Dental Enrollment Form

You can **NOW** complete our Dental Enrollment Forms on-line. **Simply click** on the Enrollment Form tab and fill in the high-lighted areas. Print, sign and email to [customerservice@bcnys.org](mailto:customerservice@bcnys.org), or you may fax (518-432-7033) to Insurance Fund.

Be sure to **complete all necessary information:**

Group # (four digit identification number with Business Council)

Employer Name

Date of Hire for enrolling employee

Employee Name, Gender, DOB and SS#

Applicable coverage

List of Dependents – if applicable

Dental Choice Plan Option

Employee Signature and Date

Employer Representative Signature and Date

**Adding an Employee to your Dental Coverage:** Employee must complete, sign and date an Enrollment Form.

**Terminating an employee from your Dental Coverage:** Provide Group #, Employee's Name, SS#, and last date of employment.

**Report status change on Existing Employee:** Provide Group #, Employee's Name, SS#, type of change and effective date.

Any questions contact our Customer Service Department at [customerservice@bcnys.org](mailto:customerservice@bcnys.org) or phone 800-692-5483.