

**DINA DENTAL PLAN™**  
**Group Retiree Payment Change Form**

**Employee Name:** \_\_\_\_\_  
**SSN:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_  
**State & Zip Code:** \_\_\_\_\_  
**Monthly Premium:** \_\_\_\_\_  
**Group Name:** \_\_\_\_\_  
**Group Number:** \_\_\_\_\_  
**Effective Date:** \_\_\_\_\_

(This form and all necessary documentation must be received by the last day of the month in order to be effective on the 1<sup>st</sup> of the following month)

**To DINA Dental:**

Due to the fact that I have retired, please change my premium payment mode to the mode I have elected below:

- Monthly Draft from Checking Account: (Drafted on the 5<sup>th</sup> of every month)  \*(Complete this form and Bank Draft Authorization Form)
- Monthly Draft from Credit Card: (Drafted on the 28<sup>th</sup> or 29<sup>th</sup> of every month)  \*(Complete this form and Credit Card Payment Form)
- Monthly Draft from Retirement Fund - LASERS  (Complete this form only)

\*To print Bank Draft and Credit Card Payment Forms: Go to MENU > FORMS > AUTHORIZATIONS. Select and print the payment form needed.

**Policyholder Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Please make sure you notify your HR department!**

**Mail, Fax or E-mail Documents to:**

**Guaranty Assurance Company  
101 Parklane Blvd, Ste 301  
Sugar Land, TX 77478**

**Fax (832) 415-0131**

**E-mail: [ldouglas@nstci.com](mailto:ldouglas@nstci.com)**