

# DINA DENTAL PLAN™

## 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 option I have elected below:

Monthly Bank Draft:  \*(Complete this form and Bank Draft Authorization Form)  
(Drafted on the 5<sup>th</sup> of every month)

Monthly Credit Card Draft:  \*(Complete this form and Credit Card Payment Form)  
(Drafted on the 28<sup>th</sup> of every month)

Monthly Draft from LASERS  (Complete this form only)

Monthly Draft from TRSL  (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: [dina@fcdental.com](mailto:dina@fcdental.com)**