DINA Dental Plan™
Guaranty Assurance Company
101 Parklane Blvd, Ste 301
Sugar Land, TX 77478

DINA Dental Plan™
Customer Service: 866-436-3093
Marketing: 800-376-3462
Fax Application to: 832-415-0131

Application/Change Form for Membership and Dental Insurance

Louisiana State Employees and Retirees ~ Passive PPO

Last Name:	First Name:	Middle Initial:
Mailing Address:		
City:	State:	Zip:
Phone: / SSN:	Date of Birth:	Male ☐ Female ☐
Employer:	Work Phone:	
Date of Hire:	Date of Termination (if cancelling):	

Effective Date: _____

Add ☐	_____
Delete ☐	_____
Change ☐	_____
Cancel ☐	_____
Other ☐	_____

Louisiana State Employees and Retirees

Enrollment Status	Passive PPO Plan
Employee Only	☐ $25.71
Employee + Spouse	☐ $50.14
Employee + Child/ren	☐ $60.93
Employee + Family	☐ $84.12

Include coverage for the listed dependents. Unmarried children up to age 26 may be covered as a dependent.

Dependents	First, Middle Initial, Last Name	Social Security Number	Date of Birth	Male	Female
Spouse				☐	☐
▪ Child				☐	☐
▪ Child				☐	☐
▪ Child				☐	☐
▪ Child				☐	☐
▪ Child				☐	☐
▪ Child				☐	☐

Do you or any dependents listed above have other dental insurance coverage? Yes ☐ No ☐

Membership in the DINA Dental Plan and dental insurance is requested for all persons named in this application. Please Note: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to a fine and confinement in prison. If any contribution from me is necessary to pay part of the cost of insurance, I authorize my employer to deduct the contribution from my wages.

Applicant's Signature: _____ **Date Signed:** _____

Agent's Signature: _____ **DINA Agent #** _____

Takeover: Yes ☐ No ☐ Prior Carrier & Expiration Date: _____

Semi-Monthly Payroll Deductions for Louisiana State Employees and Retirees

Payroll Deduction Start Date: _____

Amount of Deduction Per Pay Period: _____

Company Use Only

Group #	Certificate #	
Mode Premium $	Monthly Premium $	Amount Paid with App $