

# ENROLLMENT FORM

Professional Benefit Administrators  
 1000 Hurricane Shoals Rd NE, Suite C-370, Lawrenceville, GA 30043  
 Phone (770) 963-3939 or (800) 578-2082 ~ Fax (770) 963-6126 or (888) 264-6975  
 Website: [www.pbinsurance.net](http://www.pbinsurance.net)

Name \_\_\_\_\_ DOB \_\_\_\_\_ S.S.# \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone # ( ) \_\_\_\_\_ Work Phone # ( ) \_\_\_\_\_  
 Fax # ( ) \_\_\_\_\_ E-Mail Address \_\_\_\_\_  
 Employer Name \_\_\_\_\_ Union \_\_\_\_\_

Spouse	SS#	DOB
Child	SS#	DOB
Child	SS#	DOB
Child	SS#	DOB
Child	SS#	DOB
Child	SS#	DOB
Child	SS#	DOB

## LIFE INSURANCE PLANS

**Your FEGLI may quit before you do...  
 Don't outlive your life insurance.  
 Call (800) 578-2082 for a custom quote.**

## DENTAL PLANS

<b>DHMO PLANS</b> ** see below	CHECK ONE	<b>CHOOSE YOUR OWN DENTIST PLAN</b>	CHECK ONE
CS-150 - CompBenefits/Humana		Diamond 1500 Plan	
Dental Source Plan E		Elite 75	
Dominion Dental 703X			
OHS-Access Plan		<b>DISCOUNT PLAN</b>	
Dina Dental (LA only)		Multi-Care Benefits:	
Libery LS100 (CA only)		*Must use Careington Network Providers	

### **IMPORTANT!!**

**\*\*ALL DHMO PLANS - You must select a provider prior to your effective date of coverage**

**\*\*Dental Provider Name \_\_\_\_\_ Facility I.D.# \_\_\_\_\_**

## HUMANA VISION PLAN:

## HUMANA DISABILITY PLAN

\*\*\*\*\*

*Please note: TAI (Transaction Allotment Inc.) will deduct a NON-REFUNDABLE Administrative Fee for each processed Allotment or Bank Draft.*

Signature\* \_\_\_\_\_ Date \_\_\_\_\_

*\*By my signature above, I understand that the Dental & Vision Plans are a non-refundable one (1) year program.*

**DISCLAIMER: Professional Benefit Administrators has no liability if policies are terminated or changed by the dental or vision companies.**

Agent (Print) \_\_\_\_\_