

ENROLLMENT FORM

For New Enrollment, please complete all sections of this form. If you are enrolling for employee-only coverage, you do not need to fill in the Dependent Information section. For Enrollment Changes, please complete the type of Activity and Only the applicable changes along with the employee name and ID number.

SECTION A: GENERAL INFORMATION

1. TYPE OF PROGRAM

- FFS** (Indemnity, Active, Passive, PPO - Please Specify)
 Concordia Choice
 Concordia Flex
 Concordia Preferred* (see reverse)
 Concordia Select
 Other
- DHMO** (Please Specify)
 Concordia Plus** (see reverse)
 Third Column** (see reverse)
 Other

2. TYPE OF ACTIVITY

- New Enrollment**
 Change (Please Specify)
 Add Dependent
 Cancel All Coverage (Enrollee & All Dependents)
 Cancel Dependent(s) Only
 Change Address
 Change of Employee Status (Type Contract Change)
 Reinstate Coverage
 Change Name
 Change Provider
 Other

3. GROUP INFORMATION

Group Name
Lehigh University

Group Number **Sub Group**
250021 — 021

Payroll Location **Group Location**
~~□ □ □ □ □ □ □ □~~ N/A

Effective Date (Example: May 1, 2002 . 05012002)
□ □ □ □ □ □ □ □

SECTION B: EMPLOYEE INFORMATION

1. Social Security Number	2. Original Employment (Date Example: May 1, 2009 = 05012009) □ □ □ □ □ □ □ □		
3. Employee Name (Last, First, Middle Initial)	4. Date of Birth	5. Sex	6. Provider Number
7. Home Address	City	State	Zip Code
8. Employee Status: <input type="checkbox"/> Hourly <input type="checkbox"/> Salaried ^(Union Represented) <input type="checkbox"/> Management <input type="checkbox"/> Salaried ^(Non-union Represented) <input type="checkbox"/> Retired			

SECTION C: DEPENDENT INFORMATION

1. Social Security Number	2. Type	3. Last Name	4. First Name	5. MI	6. Sex	7. Date of Birth	8. Provider Number
	Spouse						□ □ □ □ □ □ □ □
	Dependent (A)						□ □ □ □ □ □ □ □
	Dependent (B)						□ □ □ □ □ □ □ □
	Dependent (C)						□ □ □ □ □ □ □ □

I REPRESENT THAT ALL INFORMATION IN THIS APPLICATION IS TRUE AND CORRECT. ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON, FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT WHICH IS A CRIME.

Employee Signature _____ Date _____

Employer Signature _____ Phone Number **610-758-3900** Date _____

PROGRAM AVAILABILITY

- * Preferred is not available in the following states: GA, LA, MS, NJ, TX and any other state where United Concordia does not have approval.
- * * Plus/TC is not available in the following states: AK, AR, DE, GA, IA, ID, LA, ME, MN, MS, MT, NE, ND, NM, NV, NY, OK, OR, SD, UT, VT, WA, WV, WY and any other state where United Concordia does not have approval.
- *** EPO is available in limited states. EPOs are not permitted in TX.

STATE MANDATED PROVISIONS

- CA:** California law prohibits an HIV test from being required or used by health insurance companies as a condition of obtaining health insurance coverage.
- FL:** Any person who knowingly, and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.
- AZ & GA:** All statements made by a Policyholder or by any Insured Member shall be deemed representations and not warranties, and no statements made for the purpose of effecting coverage shall void such coverage or reduce benefits unless contained in writing and signed by the Policyholder.
- KS:** Any person who knowingly and with intent to defraud, as stated on this Application, may be committing a fraudulent insurance act which may be a crime.
- KY:** All statements made by the Policyholder or by any insured Member shall be deemed representations and not warranties, and no statements made for the purpose of effecting coverage shall void such coverage or reduce benefits unless contained in writing and signed by the Policyholder.
- LA:** 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 fines and confinement in prison.
- NJ:** All statements made by applicant are true and complete to the best of the applicant's knowledge and belief. Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.
- OR:** Any person who knowingly and with intent to defraud, as stated on this Application, may be committing a fraudulent insurance act which may be a crime.
- OR:** Contestability is limited to two years as stated in the Group Policy.
- VA:** Any person who within the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated the state law.

UNITED CONCORDIA OPERATES AS A WHOLLY OWNED SUBSIDIARY UNDER THE NAME LISTED BELOW IN THE FOLLOWING STATES:

- United Concordia Dental Corporation of Alabama – AL
- United Concordia Dental Plans, Inc. – MD, NJ
- United Concordia Dental Plans of Arizona, Inc. – AZ
- United Concordia Dental Plans of California, Inc. – CA
- United Concordia Dental Plans of Colorado, Inc. – CO
- United Concordia Dental Plans of Delaware, Inc. – DE
- United Concordia Dental Plans of Florida, Inc. – FL
- United Concordia Dental Plans of Illinois, Inc. – IL
- United Concordia Dental Plans of Kentucky, Inc. – KY
- United Concordia Dental Plans of the Midwest, Inc. – IN, KS, MI, MO, OH
- United Concordia Dental Plans of Pennsylvania, Inc. – PA
- United Concordia Dental Plans of Texas, Inc. – TX
- United Concordia Insurance Company – AK, AR, AZ, CA, CO, CT, FL, GA, IA, ID, IN, KS, LA, MD, ME, MI, MN, MS, MT, NE, NV, NM, ND, OH, OK, OR, SC, SD, TN, TX, UT, VT, VA, WA, WV, WY
- United Concordia Life and Health Insurance Company – DE, DC, IL, KY, MD, MO, NJ, PA