Alpine Uniserv *This form will supersede any other form on file

2026-2027

☐ New Enrollment ☐ Change Form ☐ Name/Address Change
☐ Add Family Member ☐ Delete Family Member ☐ Cancellation

COMPLETE ENTIRE APPLICATION FOR EMI DENTAL

LAST NAME	FIRST	INITIAL	GENDER	SOCIAL SECURITY NUMBER - -	DATE OF BIRTH / /	DATE OF EMPLOYMENT / /

ADDRESS/STREET NO.	CITY & STATE	ZIP CODE	HOME PHONE
			BUSINESS PHONE

SCHOOL	E-MAIL ADRESS

BENEFIT OPTIONS

Dental Benefit Options

Peak Care Plus, DHMO
☐ Single $15.70
☐ Two Party $32.60
☐ Family $51.10
Dental Office Selected # _____

Elite Choice
☐ Single $37.20
☐ Two-Party $77.50
☐ Family $127.90

TDA PPO/MAC
☐ Single $46.60
☐ Two-Party $105.10
☐ Family $177.40

TDA Companion
☐ Single $51.50
☐ Two-Party $110.60
☐ Family $182.50

Choice PPO D5
☐ Single $40.00
☐ Two-Party $91.80
☐ Family $159.10

Advantage Co-Pay D2
☐ Single $28.00
☐ Two-Party $64.90
☐ Family $101.20

Premier Plan PPO D3
☐ Single $21.50
☐ Two-Party $43.30
☐ Family $71.40

CODE KEY:
S: Spouse
B: Biological Child
SC: Stepchild
A: Adopted
O: Other

	LIST ALL FAMILY MEMBERS TO BE COVERED/DELETED DAYS OF ANY CHANGE — NOTIFY EMPLOYER WITHIN 31 (marriage, birth, divorce, etc.).	SEX	BIRTHDATE DAY	BIRTHDATE YR	SOCIAL SECURITY NUMBER	SAME ADDRESS AS EMPLOYEE?
	1.					
	2.					
	3.					
	4.					
	5.					
	6.					
	7.					
	8.					

OTHER INSURANCE INFORMATION
Will you, your spouse, or dependents have other dental coverage in addition to this EMI Health coverage?
☐ Yes ☐ No
If so, what is the coverage classification? ☐ Single ☐ Couple ☐ Family

Name of Insured _____ Insured's Social Security Number OR Group/Policy Number_____ Name of Other Insurance Company _____ Insurance Company Phone Number_____

ELECTION TO PARTICIPATE - Please note: Plans may be subject to binding arbitration procedures.

I hereby apply for coverage to which I may be entitled or to which I may become entitled under the terms of agreements, including binding arbitration provisions, in the policies issued by Educators Mutual Insurance Association and its subsidiaries (EMI Health) and/or other underwriting companies. I accept the terms of group agreement between my employer and the plans and appoint my employer to act as agent on my behalf. I authorize the deduction from my earnings of any contribution I am required to make toward the cost of this coverage.

The proposed coverage shall not take effect until this application has been accepted by the other underwriting companies, as applicable, and shall become effective only in accordance with the provisions of such agreements or group policies. I understand that I am not entitled to change my coverage elections during the plan year, unless I experience a special enrollment situation (i.e., marriage, divorce, birth, death, adoption, placement for adoption, or loss of other insurance coverage). I also understand that if I experience such a qualifying event, I may elect to terminate coverage for myself and/or my dependents by providing written notice to my employer within 31 days of the qualifying event. I authorize EMI Health

to share PHI concerning me and my family, including adult dependents, with any health care provider or HSA/HRA administrator providing benefits. I understand that any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

_____ _____
Signature of Employee Date

Alpine UniServ Sign Off Section

_____ _____
Alpine UniServ Signature Effective Date

Waiver of Group Dental Coverage

I choose NOT to Participate in the following group dental benefits that has been offered and hereby waive such coverage. I understand that I may later apply for these benefits if I experience a special enrollment situation (i.e., marriage, divorce, birth, death, adoption, placement for adoption, or loss of other insurance coverage) or during the next open enrollment period.

☐ **I Am Waiving this Dental Group Coverage; I have no other coverage.**

_____ _____
Signature of Employe Waiving Dental Only Effective Date

Return to: Alpine Education Association/Alpine UniServ
557 W. Center Street, Pleasant Grove Utah
Email: annie@alpineuniserv.org
(801) 224-2055 ext. 2

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EMI HEALTH™