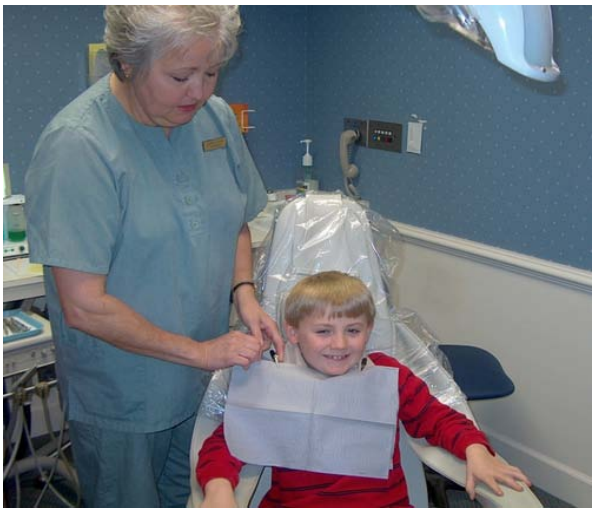
Dental Benefits for Children in Care and Youth Agreements



A Guide for Dentists, Orthodontists Dental Specialists and Ministry Workers

May 2011

This guide is available online at:

http://www2.gov.bc.ca/assets/gov/family-and-social-supports/foster-parenting/children_care_dental_guide.pdf

BRITISH COLUMBIA | Ministry of Children and Family Development

MCFD Dental Benefits Guide - Contents

INTRODUCTION – ELIGIBILITY

This guide provides information for dentists, orthodontists, and dental specialists about dental and orthodontic benefits for children and youth in care and youth receiving support through a Youth Agreement. Please note that the term 'children and youth in care' refers both to children and youth in the care of the Ministry of Children and Family Development (MCFD) and children and youth in the care of Delegated Aboriginal Agencies.

Children and youth in care have access to necessary dental and orthodontic care until they reach the age of 19. Youth receiving support through a Youth Agreement have access to dental care only until they reach the age of 19.

If a child or youth in care or a youth receiving support through a Youth Agreement is transferred to another province before the age of 19, the Medical Benefits will continue to cover eligible dental and orthodontic costs for the remainder of the month in which the child moved plus two additional months.

Non-Aboriginal Status children and youth

MCFD Children in Care Medical Benefits Program provides funding for dental and orthodontic treatment through a contract with Pacific Blue Cross (PBC). Dentists and dental specialists submit claims directly to PBC, who then adjudicates and makes payment on claims dependent on the eligibility outlined within this guide. Orthodontists submit claims to the MCFD Dental Benefits. **Please see pages 4-7: Dental Benefits and/or pages 8-11: Orthodontic Benefits**.

Status Aboriginal children and youth

Children and youth in care and youth receiving support through a Youth Agreement who are status Aboriginal peoples may have some of their dental and orthodontic benefits covered through Health Canada, dependent on the eligibility outlined within this guide. **Please see Page 4 Section 2 – Children and Youth Eligible for Dental Benefits and/or Page 8 Section 3 – Children and Youth Eligible for Orthodontic Benefits**.

Status Nisga'a children and youth

Status Nisga'a children and youth in care and Nisga'a youth in Youth Agreements receive dental coverage through the Nisga'a Non-Insured Health Benefits Program, coordinated by the Nisga'a Lisims Government.

For more information, please contact the Nisga'a Non-Insured Health Benefits Program at **1-866-633-0888** or visit www.nisgaalisims.ca

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PO Box 9763 – STN PROV GOVT
Victoria BC V8W 9S5
Toll-Free: 1-877-210-3332

DENTAL BENEFITS

Section 1: Description of Dental Benefits

MCFD Children in Care Medical Benefits Program provides funding for dental treatment for children and youth in care and youth in Youth Agreements, through a contract with Pacific Blue Cross (PBC).

Dental benefits are included in the PBC fee schedule for Plan A and B services. The following services are funded:

- diagnostic
- preventative
- restorative
- endodontic
- periodontic
- prosthodontic
- anaesthesia
- oral surgical services

Since February, 2009, the Program has also covered the services of independent dental hygienists. Fees are paid using the PBC Dental Fee Schedule and are limited to services within the hygienists scope of practice.

Section 2: Children and Youth Eligible for Dental Benefits

Children and youth eligible for MCFD dental benefit coverage are within groups D077030, D077031, D077033, and D077034. The differences between these groups are as follows:

a) Groups D077030 and D077031: All children and youth in care and youth in Youth Agreements, who are not status Aboriginal peoples.

   Dental benefits coverage is provided through MCFD/Pacific Blue Cross to an annual limit of $700.

b) Groups D077033 and D077034: All status Aboriginal children and youth in care and youth in Youth Agreements (**except Status Nisga'a children and youth – please see page 3**).

   Dental benefits coverage is provided through MCFD/Pacific Blue Cross to an annual limit of $100. Additional annual coverage of $600 is provided through Health Canada's Federal Non-Insured Health Benefits Program. All dental claims in excess of the MCFD/Pacific Blue Cross $100 annual limit should be submitted to Health Canada using the child or youth's Aboriginal status number. **Please see page 12 – Contact Information.**

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Section 3: Dental Funding Procedure

Dental practitioners are responsible for:

- Confirming the child or youth's dental coverage with Pacific Blue Cross (PBC) at **1-888-419-2236**;
- Confirming with PBC that sufficient funds are available within the child or youth's annual dental funding limit, and;
- Submitting claims directly to PBC using the child or youth's identification and group numbers and/or Health Canada using the child or youth's Aboriginal status number (if applicable – **please see page 4, Section 2 b**).

Section 4: Submitting Dental Claims

Dental claims are to be submitted directly to Pacific Blue Cross (PBC) by mail or via CDAnet, and/or to Health Canada (if applicable – **please see page 4, Section 2**).

Electronic copies of the PBC Dental Claim form are available at
www.pac.bluecross.ca/pdf-bin/200/20-70-201ppat.pdf

CDAnet is a network of Canadian dental offices and insurance companies that allows dental claims to be sent from the dental office to the patient's insurance carrier online. The subscribing dentist must be a member of the Canadian Dental Association or the applicable provincial association.

For more information on CDAnet, please visit
www.cda-adc.ca/en/dental_profession/practising/cdanet/faqs.asp

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Section 5: Over-Limit And Extraordinary Case Funding Policy

Type of Exception	Group Number(s)	Application Process
Over-Limit Funding Policy: Request to provide treatment in excess of the annual $700 limit and/or the annual $190* anaesthetic limit	D077030 D077031	Prior to providing over-limit services, dental practitioners are required to submit a written request with a treatment plan (on a standard dental claim form), x-rays and justification to the address below. **
Over-Limit Funding Policy: Request to provide treatment in excess of the annual $100 limit	D077033 D077034	Prior to providing services, dental practitioners are required to submit an application to Health Canada, Non-Insured Health Benefits Program for all treatment in excess of the $100 MCFD funding limit. Please see page 4, Section 2 or page 12 - Contact Information.
Emergency Treatment Funding Policy: Request for payment of over-limit treatment which was delivered on an emergency basis and where prior written approval could not be obtained	D077030 D077031	Over-limit services performed under emergency circumstances may be eligible for payment without prior written approval. Dental practitioners are asked to use their professional judgement and consider performing the basic dental treatment required to alleviate the patient's emergent pain and discomfort. After delivery of emergency treatment, please submit the treatment plan, explanation of the circumstances and a request for emergency post-approval authorization to the address below.
Adjustment to Approved Over-Limit Funding: Request for adjustment to a written approval for over-limit funding.	D077030 D077031	Dental practitioners are asked to submit revised treatment plans (on a standard dental claim form) to the address below. The dental practitioner must identify the treatment that was performed and provide a description of the circumstances which necessitated the change. Please see page 12 - Contact Information. Please request an adjustment before submitting the claim to Pacific Blue Cross (PBC), as PBC will not make payments on any portion of the treatment plan that differs from the plan that was originally approved for over-limit funding.
Extraordinary Case Funding Policy: Request to provide treatment not covered under the standard dental plan	D077030 D077031 D077033 D077034	There is a process in place to review extraordinary funding requests. If a child or youth in care requires dental treatment that is not covered under the standard dental plan, the dentist should send a written request that includes a treatment plan, x-rays and justification to the address listed on the bottom of this page.**

*Based on the Pacific Blue Cross fee schedule

**Approved requests for over-limit funding and funding for procedure not covered by PBC will be honoured up to 100% of the current BCDA fee guide rates.

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Section 6: Over-Limit And Extraordinary Case Funding Policy – Youth Turning 19

In order to receive funding for and over-limit or extraordinary case treatment plan after a youth has reached the age of 19, the treatment plan must be submitted to MCFD Children in Care Dental Benefits Program no less than 90 days before the date of age out. Once the treatment plan is approved, MCFD will assume financial responsibility for the total funding amount approved until 90 days after the youth has reached the age of 19. Once a youth has reached 19 years of age, invoices submitted to Medical Benefits Program should clearly indicate the youth's name, identification number, and specify that it is a "***Request for payment of approved orthodontic treatment for a youth who has reached 19 years of age***."

Section 7: Over-Limit And Extraordinary Case Funding Appeal Process

Where a request for over limit or extraordinary case funding is denied, an appeal may be submitted to the Manager, Medical Benefits, at the address listed at the bottom of this page. The appeal request should be supported by additional information or records.

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ORTHODONTIC BENEFITS

Section 1: Description of Orthodontic Benefits

MCFD Children in Care Medical Benefits Program, provides funding for orthodontic treatment for some children and youth in care, through a contract with Pacific Blue Cross (PBC). Eligible children and youth are those in the permanent care/continuing custody of MCFD.

Orthodontic benefits are included in the PBC fee schedule for Plan C services. Funding may be provided for early, limited or full orthodontic treatment.

Section 2: Orthodontic Funding Criteria

Orthodontic treatment is available to children and youth in permanent care/continuing custody (group D077031 or group D077034 – **please see page 8, Section 3**) with an impairment that is functionally limiting and two or more of the following conditions:

- impinging overbite
- cross-bite causing functional limitation
- skeletal dysplasia which will require surgery
- excessive overjet with lip incompetence
- severe crowding with functional implications
- severe temporomandibular syndrome
- the orthodontic treatment is significant to the child/youth's emotional and psychological development (to be discussed with the child/youth, the foster parent, and the child/youth's MCFD guardianship worker, as appropriate).

Requests for orthodontic treatment will also be considered where a child or youth has a medical condition that is not included in the above criteria, and the treatment is required in order to address a functional impairment.

Please note that MCFD funds basic orthodontic services for eligible children and youth. Ceramic and gold braces will not be considered for funding.

Section 3: Children and Youth Eligible for Orthodontic Benefits

Children and youth eligible for MCFD orthodontic benefit coverage are within groups D077031 and D077034. The differences between these groups are as follows:

a) Group D077031: All children and youth in permanent care/continuing custody, who are not status Aboriginal peoples.

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Orthodontic benefits coverage is provided through MCFD/Pacific Blue Cross to a lifetime maximum of $5000.

b) Group D077034: Status Aboriginal children and youth in permanent care/continuing custody.

Orthodontic benefits coverage is provided through MCFD/Pacific Blue Cross to a lifetime maximum of $500. Additional coverage of $4500 lifetime maximum is provided through Health Canada's Federal Non-Insured Health Benefits Program. All orthodontic claims in excess of the MCFD/Pacific Blue Cross $500 lifetime maximum should be submitted to Health Canada using the child or youth's Aboriginal status number. **Please see page 12 - Contact Information**.

Section 4: Orthodontic Funding Application Procedure

Orthodontists are responsible for:

- Confirming the child or youth's eligibility for initial exam and diagnostic records with Pacific Blue Cross (PBC);
- Submitting the application for orthodontic funding to the Medical Benefits Program, and;
- Submitting claims for approved treatment to PBC using the child or youth's identification and group numbers and/or Health Canada using the child or youth's Aboriginal status number (if applicable – **please see page 4, Section 3 b**).

Confirmation of Eligibility for Initial Exam and Diagnostic Records

The orthodontist must confirm the child's eligibility for the initial exam and diagnostic records by contacting Pacific Blue Cross (PBC) at **1-888-419-2236**.

The orthodontist should provide the child's identification number and confirm that coverage is open in one of the two groups eligible to apply for orthodontic funding (groups D077031 and D077034 – **please see page 7, Section 3**).

When eligibility has been confirmed, the orthodontist may proceed with the initial exam and records. The claim for the initial exam and records is submitted to PBC on a claim form with the child's group and identification numbers. PBC will make payment directly to the orthodontist.

Making the Orthodontic Funding Application

The orthodontic funding application must be submitted by a certified specialist in orthodontics or a dentist qualified to carry out orthodontic procedures.

The application must include the following:

- a completed "Request For Dental/Orthodontic Benefits," available online at http://www2.gov.bc.ca/assets/download/1A24ECE94817439CB3118B8AD598A0A8

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- a description of the recommended treatment;
- an explanation of how the treatment meets the orthodontic funding criteria;
- radiographs, photographs and cephalometric images (if available), and;
- the total treatment cost, initial fee and monthly/quarterly fees.

Please note that models do not have to be submitted with the orthodontic funding application.

Please do not roll or bend records. Improperly packaged records cannot be stored or processed and will be returned with the application.

The orthodontic funding application should be mailed to the address listed at the bottom of this page.

Section 5: Orthodontic Funding Application – The Review and Notification Process

The request for orthodontic funding is reviewed by the program's consulting orthodontist to determine if it meets the funding criteria. A written decision will be provided within 8 weeks.

Section 6: Orthodontic Payment Process – Approved Treatment

Please submit all claims for approved orthodontic treatment to Pacific Blue Cross using the child or youth's dental group and identification numbers (found on his/her dental card).

The initial claim may be up to 50% of the total treatment cost. Claims may be submitted monthly or quarterly, in accordance with the payment plan identified in the orthodontic funding application.

Section 7: Orthodontic Payment Process – Youth Turning 19

In order to receive funding for and orthodontic treatment plan after a youth has reached the age of 19, the treatment plan must be submitted to Medical Benefits Program no less than 90 days before the date of age out. Once the treatment plan is approved, MCFD will assume financial responsibility for the total funding amount approved until 90 days after the youth has reached the age of 19. Once a youth has reached 19 years of age, invoices submitted to Medical Benefits Program should clearly indicate the youth's name, identification number, and specify that it is a "***Request for payment of approved orthodontic treatment for a youth who has reached 19 years of age***."

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Section 8: Over-Limit And Extraordinary Case Funding Policy

There is a process in place to review extraordinary or over-limit orthodontic funding requests. If a child or youth in care requires orthodontic treatment that exceeds the funding limit, the orthodontist should send a written request that includes a treatment plan, x-rays and justification to the address listed at the bottom of this page..

Section 9: Appeal Process For Orthodontic Claims

Where a request for orthodontic treatment (including over limit or extraordinary case funding) is denied, an appeal may be submitted to the Manager, Medical Benefits, at the address listed at the bottom of this page. The appeal request should be supported by additional information or records.

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CONTACT INFORMATION

Ministry of Children and Family Development
Dental Benefits
Mailing Address:
PO Box 9763 Stn Prov Govt
Victoria, BC V8W 9S5
Toll Free Phone: 1-877-210-3332
Local Phone: (250) 356-6717
Facsimile: (250) 356-2159
E-Mail: MCF.MedicalBenefitsProgram@gov.bc.ca

Pacific Blue Cross Dental Department
Mailing Address:
PO Box 7000
Vancouver, BC V6B-4E1
Toll Free Phone (for Dental Providers): 1-888-419-2236
Local Phone (Lower Mainland): (604) 419-2600
Web: www.pac.bluecross.ca/

Health Canada
First Nations and Inuit Health Branch (FNIHB)
Pacific Region
Mailing Address:
Suite 540 – 757 West Hastings Street
Vancouver, BC V6C 3E6
Toll Free Phone: 1-800-317-7878
Local Phone (Lower Mainland): (604) 666-3331
Web: www.hc-sc.gc.ca/fnih-spni/nihb-ssna/index_e.html

Nisga'a Lisims Government
Nisga'a Non-Insured Health Benefits
Mailing Address:
Box 231
New Aiyansh, BC V0J 1A0
Toll Free Phone: 1-866-633-0888
Local Phone: (250) 633-3000
Web: www.nisgaalisims.ca/

QUESTIONS AND ANSWERS FOR DENTISTS AND ORTHODONTISTS

Q: I have a child or youth in my office without a dental card. How do I obtain his/her Pacific Blue Cross numbers?

A: Please contact the Medical Benefits Program at the toll-free telephone number listed at the bottom of this page, and request the child or youth's Pacific Blue Cross numbers.

Q: A child or youth in my office needs substantial restorative dental work, which cannot be performed in a regular office setting. Can over-limit funding for the restorations and general anaesthetic be obtained?

A: The Medical Benefits Program will consider requests for funding over the $700 limit for dental (Plan A/B) services and for funding over the anaesthetic funding limit of $190.

General anaesthetic administered in hospital is covered by the Medical Services Plan. However, where a booking for general anaesthetic cannot be made in hospital, the Medical Benefits Program will consider requests for over-limit funding for anaesthetic to be administered in a private facility.

Over-limit funding requests must be submitted to the attention of the Dental Benefits Officer at the address below, and must include a treatment plan and x-rays. A written decision will be provided within 6 weeks (for more information, please see page 6).

Q: Does this guide apply equally to youth in a Youth Agreement or Independent Living and youth who are in care?

A: Youth in a Youth Agreement or Independent Living are eligible for dental but not orthodontic claims. These youth carry their own Pacific Blue Cross dental card and provide their own consent to the dentist, or dental specialist to perform the treatment under the authority of the *Infant's Act, s. 17*.

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FORMS

The following forms are attached:

- Request For Dental/Orthodontic Benefits," available online at http://www2.gov.bc.ca/assets/download/1A24ECE94817439CB3118B8AD598A0A8

- The Canadian Dental Association and the Canadian Life and Health Insurance Association claim form. Commonly referred to as the **Standard Dental Claim Form.**

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REQUEST FOR DENTAL/ORTHODONTIC BENEFITS

The personal information collected on this form will be used for the purpose of providing At Home Program benefits and will be treated confidentially in compliance with the *Freedom of Information and Protection of Privacy Act*. Any questions about the collection, use or disclosure of this information should be directed to the Director, Children and Youth with Special Needs Branch, (250) 952-6044, PO Box 9719 Stn Prov Govt, Victoria, B.C. V8W 9S1.

If you are seeking dental or orthodontic treatment under the At Home Program, the program may assist with the costs of extraordinary dental/ orthodontic treatment directly related to the child's disability only.

PART 1 TO BE COMPLETED BY THE PARENT/GUARDIAN

NAME OF CLIENT	DATE OF BIRTH (YYYY/MM/DD)	PHONE NUMBER ( )
ADDRESS	CITY/TOWN	POSTAL CODE

Is the child eligible for a federal/provincial or employer-sponsored dental insurance plan? ☐ YES ☐ NO

If Yes, have you applied for funding through that plan? (please explain)

NAME OF PARENT	SIGNATURE OF PARENT	DATE SIGNED (YYYY/MM/DD)

PART 2 TO BE FILLED OUT BY THE PHYSICIAN, DENTIST OR ORTHODONTIST

MEDICAL DIAGNOSIS/ DISABILITY

DENTAL/ ORTHODONTIC TREATMENT REQUIRED *

* For dental benefits, please attach a detailed treatment plan listing fee codes and amounts, and for orthodontic benefits, provide a treatment plan and records.

Please provide a clear justification for this dental/orthodontic treatment, demonstrating how it relates to the child's medical diagnosis or disability.

NAME OF PHYSICIAN/DENTIST/ ORTHODONTIST	SIGNATURE OF PHYSICIAN/DENTIST/ ORTHODONTIST	DATE SIGNED (YYYY/MM/DD)

MAIL OR FAX COMPLETED FORM TO:

MINISTRY OF CHILDREN AND FAMILY DEVELOPMENT
PO BOX 9763 STN PROV GOVT
VICTORIA BC V8W 9S5
FAX NUMBER: (250) 356-2159
PHONE NUMBER: 1-877-210-3332 (Toll Free)

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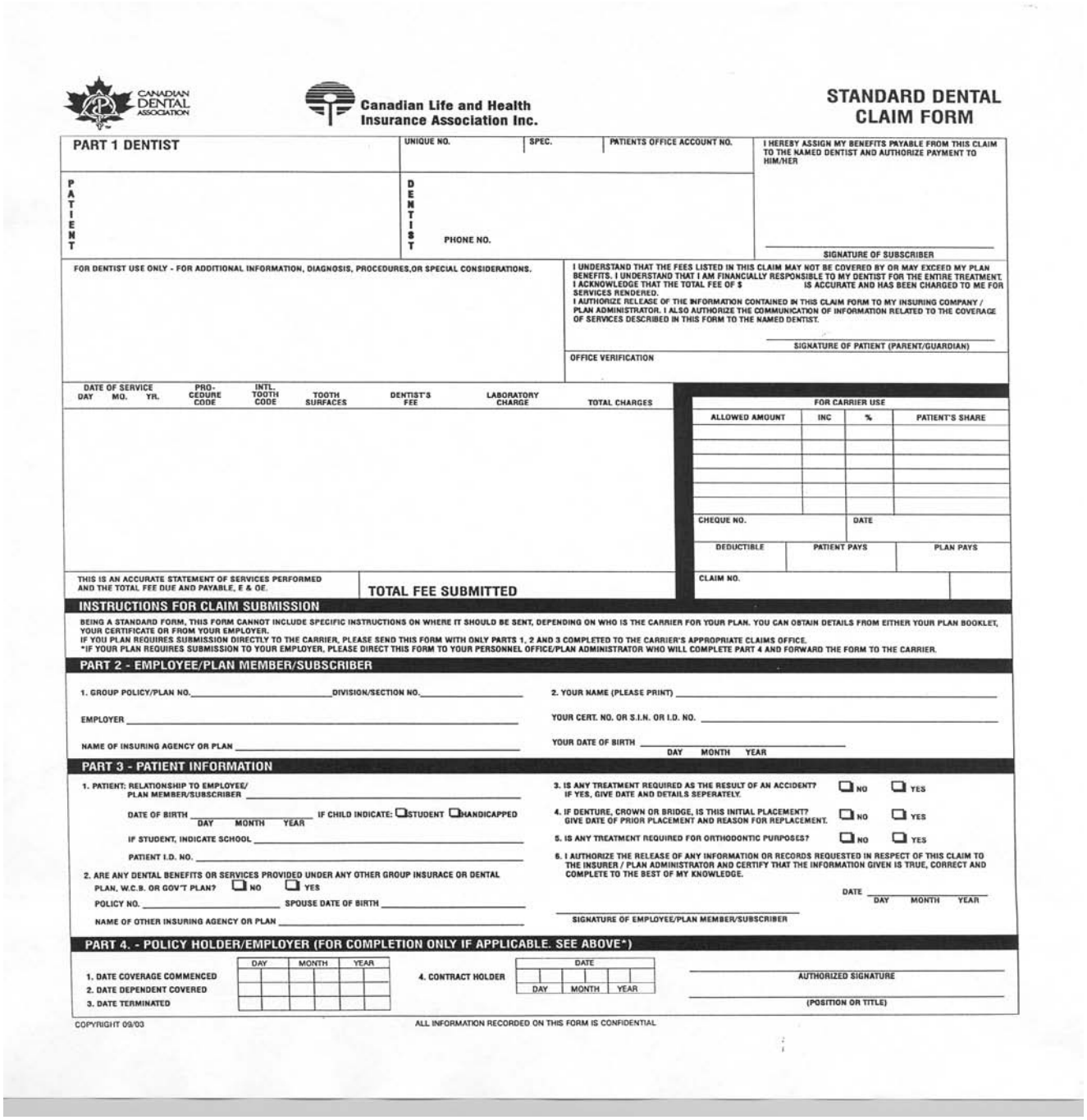

CANADIAN DENTAL ASSOCIATION

Canadian Life and Health Insurance Association Inc.

STANDARD DENTAL CLAIM FORM

PART 1 DENTIST | UNIQUE NO. | SPEC. | PATIENTS OFFICE ACCOUNT NO. | I HEREBY ASSIGN MY BENEFITS PAYABLE FROM THIS CLAIM TO THE NAMED DENTIST AND AUTHORIZE PAYMENT TO HIM/HER

PATIENT | DENTIST | PHONE NO. | SIGNATURE OF SUBSCRIBER

FOR DENTIST USE ONLY - FOR ADDITIONAL INFORMATION, DIAGNOSIS, PROCEDURES,OR SPECIAL CONSIDERATIONS.

I UNDERSTAND THAT THE FEES LISTED IN THIS CLAIM MAY NOT BE COVERED BY OR MAY EXCEED MY PLAN BENEFITS. I UNDERSTAND THAT I AM FINANCIALLY RESPONSIBLE TO MY DENTIST FOR THE ENTIRE TREATMENT. I ACKNOWLEDGE THAT THE TOTAL FEE OF $ IS ACCURATE AND HAS BEEN CHARGED TO ME FOR SERVICES RENDERED.
I AUTHORIZE RELEASE OF THE INFORMATION CONTAINED IN THIS CLAIM FORM TO MY INSURING COMPANY / PLAN ADMINISTRATOR. I ALSO AUTHORIZE THE COMMUNICATION OF INFORMATION RELATED TO THE COVERAGE OF SERVICES DESCRIBED IN THIS FORM TO THE NAMED DENTIST.

SIGNATURE OF PATIENT (PARENT/GUARDIAN)

OFFICE VERIFICATION

DATE OF SERVICE DAY MO. YR.	PRO-CEDURE CODE	INTL. TOOTH CODE	TOOTH SURFACES	DENTIST'S FEE	LABORATORY CHARGE	TOTAL CHARGES

FOR CARRIER USE

ALLOWED AMOUNT	INC	%	PATIENT'S SHARE

CHEQUE NO. | DATE

DEDUCTIBLE	PATIENT PAYS	PLAN PAYS

THIS IS AN ACCURATE STATEMENT OF SERVICES PERFORMED AND THE TOTAL FEE DUE AND PAYABLE, E & OE.

TOTAL FEE SUBMITTED

CLAIM NO.

INSTRUCTIONS FOR CLAIM SUBMISSION

BEING A STANDARD FORM, THIS FORM CANNOT INCLUDE SPECIFIC INSTRUCTIONS ON WHERE IT SHOULD BE SENT, DEPENDING ON WHO IS THE CARRIER FOR YOUR PLAN. YOU CAN OBTAIN DETAILS FROM EITHER YOUR PLAN BOOKLET, YOUR CERTIFICATE OR FROM YOUR EMPLOYER.
IF YOU PLAN REQUIRES SUBMISSION DIRECTLY TO THE CARRIER, PLEASE SEND THIS FORM WITH ONLY PARTS 1, 2 AND 3 COMPLETED TO THE CARRIER'S APPROPRIATE CLAIMS OFFICE.
*IF YOUR PLAN REQUIRES SUBMISSION TO YOUR EMPLOYER, PLEASE DIRECT THIS FORM TO YOUR PERSONNEL OFFICE/PLAN ADMINISTRATOR WHO WILL COMPLETE PART 4 AND FORWARD THE FORM TO THE CARRIER.

PART 2 - EMPLOYEE/PLAN MEMBER/SUBSCRIBER

1. GROUP POLICY/PLAN NO. _____ DIVISION/SECTION NO. _____
2. YOUR NAME (PLEASE PRINT) _____
EMPLOYER _____
YOUR CERT. NO. OR S.I.N. OR I.D. NO. _____
NAME OF INSURING AGENCY OR PLAN _____
YOUR DATE OF BIRTH _____ DAY MONTH YEAR

PART 3 - PATIENT INFORMATION

1. PATIENT: RELATIONSHIP TO EMPLOYEE/ PLAN MEMBER/SUBSCRIBER _____
DATE OF BIRTH _____ DAY MONTH YEAR IF CHILD INDICATE: ☐ STUDENT ☐ HANDICAPPED
IF STUDENT, INDICATE SCHOOL _____
PATIENT I.D. NO. _____
2. ARE ANY DENTAL BENEFITS OR SERVICES PROVIDED UNDER ANY OTHER GROUP INSURACE OR DENTAL PLAN, W.C.B. OR GOV'T PLAN? ☐ NO ☐ YES
POLICY NO. _____ SPOUSE DATE OF BIRTH _____
NAME OF OTHER INSURING AGENCY OR PLAN _____
3. IS ANY TREATMENT REQUIRED AS THE RESULT OF AN ACCIDENT? IF YES, GIVE DATE AND DETAILS SEPERATELY. ☐ NO ☐ YES
4. IF DENTURE, CROWN OR BRIDGE, IS THIS INITIAL PLACEMENT? GIVE DATE OF PRIOR PLACEMENT AND REASON FOR REPLACEMENT. ☐ NO ☐ YES
5. IS ANY TREATMENT REQUIRED FOR ORTHODONTIC PURPOSES? ☐ NO ☐ YES
6. I AUTHORIZE THE RELEASE OF ANY INFORMATION OR RECORDS REQUESTED IN RESPECT OF THIS CLAIM TO THE INSURER / PLAN ADMINISTRATOR AND CERTIFY THAT THE INFORMATION GIVEN IS TRUE, CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE.
DATE _____ DAY MONTH YEAR
SIGNATURE OF EMPLOYEE/PLAN MEMBER/SUBSCRIBER

PART 4. - POLICY HOLDER/EMPLOYER (FOR COMPLETION ONLY IF APPLICABLE. SEE ABOVE*)

	DAY	MONTH	YEAR
1. DATE COVERAGE COMMENCED			
2. DATE DEPENDENT COVERED			
3. DATE TERMINATED			

4. CONTRACT HOLDER — DATE (DAY MONTH YEAR)

AUTHORIZED SIGNATURE

(POSITION OR TITLE)

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