



Aetna Advantage Plans for Individuals and Families Dental Election/Dental Change Form for Existing Aetna Advantage Plan Participants Only

Applicant's Social Security Number <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Member ID Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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Reason for Application

- Add PPO dental coverage for the following individuals listed below currently covered under an existing medical plan.
 Change existing DMO dental benefit for the following individuals to PPO dental coverage.

(A)dd (C)hange	Name (First, Middle Initial, Last)
	1. Applicant's Name
	2. Dependent's
	3. Dependent's
	4. Dependent's

Effective Date

This plan change will become effective on your next billing cycle.

Signature

Applicant's Signature	Date
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Submitted By	Today's Date
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**Fax Form To: Individual Billing & Enrollment
860-975-1620**

Or

**Mail Form To: Aetna, Inc.
P.O. Box 730
Mail Stop U22N
Blue Bell, PA 19422**