Primary Care Provider (PCP) Designation
Network Dental Office
CIGNA

THIS FORM MUST BE RECEIVED BY CIGNA WITHIN 30 DAYS FROM THE DATE YOU MAKE YOUR U.S. BANK BENEFITS ELECTION. If your form is not received by this deadline, your provider may not have you added on record as a plan participant. Failure to respond timely may give CIGNA the right to assign your dental office. CIGNA has the right to not pay for services or reimburse you if you pay for services prior to receiving and processing your designation. Your dental office designation will be listed on your CIGNA Dental Care ID card.

Your dental care election requires completion of this PCP/Network Dental Office Designation Form.

Return via U.S. Mail to: CIGNA Dental Health
300 NW 82nd Avenue, Suite 700
Plantation, FL 33324
Attn.: Membership, Group # G10005109

Or

Return via fax to: 1.423.321.4560

Employee's Name (Last, First, Middle Initial) _____ Employee's Date of Birth _____

Employee's SSN _____ Marital Status _____ Home Phone _____ Work Phone _____

Street _____ City _____ State _____ Zip _____ County _____

You must select a CIGNA Dental facility choice (HMO Network) for each covered member. Include the 6-digit office code for the dental facility selected for you and your family members. If space does not allow for additional dependent information, attach a separate sheet. Please maintain a copy for your records.
Please note: your assigned network dental office will be listed on your CIGNA Dental Care ID card. If this is not the office of your choice, your original selection was not available. To change your provider, or if you have questions about your CIGNA benefits, call CIGNA Dental Care at 1-800-367-1037.

NAME: Last, First, & Initial	RELATIONSHIP (to employee)	GENDER (M or F)	DATE OF BIRTH (Month, Day, Year)	SOCIAL SECURITY NUMBER	NETWORK DENTAL OFFICE: 1st/and or 2nd choice **6-digit code**		EXISTING PATIENT
	Self			- -	1st Choice:	2nd Choice:	Y or N
	Dependent			- -	1st Choice:	2nd Choice:	Y or N
	Dependent			- -	1st Choice:	2nd Choice:	Y or N
	Dependent			- -	1st Choice:	2nd Choice:	Y or N
	Dependent			- -	1st Choice:	2nd Choice:	Y or N