Dental Enrollment Application

EssentiaCare
Essentia Health + UCare

Please select the correct box:

- ☐ I am enrolled in UCare Value Plus, UCare Standard or UCare Essentials Rx and want to add Choice Dental.
- ☐ I am enrolled in UCare Classic and want to add Classic Choice Dental.
- ☐ I am enrolled in a Group UCare Medicare Plan and want to add Classic Choice Dental.
- ☐ I am enrolled in EssentiaCare Secure or Grand and want to add Choice Dental.

My member ID number is

Enrollee information

Medicare number (located on your Medicare card)

First name Middle initial

Last name

Phone - -

Release of information: By joining this dental plan I acknowledge and agree that the Medicare health plan will release my information to Medicare and other plans as is necessary for treatment, payment, and health care operations. The information on this enrollment form is correct to the best of my knowledge. I understand that if I intentionally provide false information on this form, I will be disenrolled from the plan.

I understand that my signature (or the signature of the person authorized to act on my behalf under the laws of the State where I live) on this enrollment form means that I have read and understand the contents of this enrollment form. If signed by an authorized individual (as described above), this signature certifies that: 1) This person is authorized under State law to complete this enrollment; and 2) Documentation of this authority is available upon request by UCare or by Medicare.

Signature _____ **Today's date** _____

If you are the Power of Attorney (POA)/authorized representative, you must sign above and provide the following information:

Name

Relationship to enrollee

Address

Phone number - -

Are you the enrollee's POA? ☐ Yes ☐ No

If yes, is the POA paperwork attached? ☐ Yes ☐ No

If no, please send in a copy of the POA agreement or other legal document to:
UCare Enrollment, PO Box 52, Minneapolis, MN 55440.
We must have the POA agreement on file in order to respond to future requests made by the POA.

Send completed form to UCare by mail:
UCare, Attn: Medicare Sales, PO Box 52, Minneapolis, MN 55440-9682

Statement of Nondiscrimination

UCare complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 612-676-3200/1-800-203-7225 (TTY 612-676-6810/1-800-688-2534).

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 612-676-3200/1-800-203-7225 (TTY 612-676-6810/1-800-688-2534).