

SISTEMAS MEDICOS NACIONALES, S.A. DE C.V.
ENROLLMENT APPLICATION

Dental Plan

Last name		First name		Social Security Number	
Street Address		City		State Zip Code	
Telephone (Home or Message) ()		Date of Birth		<input type="checkbox"/> Male <input type="checkbox"/> Single <input type="checkbox"/> Female <input type="checkbox"/> Married	
Name of Company Where You Work (Employer)					
Place of Employment for Your Spouse		Address		Telephone	
Social Security Number for Your Spouse			Medical and/or Dental Plan Covering Spouse		

List Dependents: Solely your spouse or Registered Domestic Partner, and children under the age of 19 years who are single and who depend upon you for support, or children from 19-23 years of age who are full-time students and who depend upon you for support. The Plan will request official documentation such as: Birth Certificates, Marriage Certificate, and school documentation for beneficiaries older than 19 years old.

NAME	Date of Birth	Month-Day-Year	Spouse , Domestic Partner or Child

Upon applying for membership of Sistemas Medicos Nacionales, S.A. for me and eligible members of my family, I accept the following:

- All services should be provided solely by SIMNSA providers, except in case of a Dental Emergency (as defined in the Plan document).
- We shall not lend our member cards to others; doing so may result in immediate cancellation of coverage and penalties.
- I understand that SIMNSA will obtain medical information for people listed on this application in order to administer the Plan.
- I certify that the information on this application is valid and correct and that I understand the benefits and rules of this health Plan.
- This Plan uses binding arbitration to settle all disputes arising under this Agreement. It is understood that any dispute as to medical malpractice, that is, as to whether any medical services rendered in California under this contract were unnecessary or unauthorized or were improperly, negligently or incompetently rendered, will be determined by submission to arbitration as provided by California law, and not by a lawsuit or resort to court process except as California law provides for judicial review of arbitration proceedings. Both parties to this contract, by entering into it, are giving up their constitutional right to have any such dispute decided in a court of law before a jury, and instead are accepting the use of arbitration. For more information, please refer to your Evidence of Coverage.

Administrative use only	
Effective Date: _____	
<input type="checkbox"/> New Hire	Hire Date _____
<input type="checkbox"/> Re-Hire	Re-Hire Date _____

DATE

SIGNATURE