

Primary Family Dentist Selection Form

Please complete this form by printing in ink or typing. Please select a Primary Family Dentist from the Dentist Directory and note your selection on the appropriate line below.

Name _____
Last First Initial

Social Security # _____

Spouse _____
Last First Initial

Child _____
Last First Initial

Child _____
Last First Initial

Employee DDS Selection _____ DDS ID# _____

Spouse DDS Selection _____ DDS ID# _____

Child DDS Selection _____ DDS ID# _____

Child DDS Selection _____ DDS ID# _____

Circle your UT Institution location:

UT at Arlington
UT at Austin
UT at Dallas
UT at El Paso

UT Medical Branch - Galveston
UT at San Antonio
UT Southwestern Medical Center
UT Health Science Center at Houston

UT System Administration
UT Health Science Center at San Antonio
UT M.D. Anderson Cancer Center
Other _____

To change your Primary Family Dentist or to select a different Primary Family Dentist for a covered dependent(s), simply call Toll Free **800.443.2995**.

PDC-TX-0511

 Cut along dotted line

Complete, detach and mail to:
Attn: Customer Relations/GV-6
3595 Grandview Pkwy, Suite 150
Birmingham, AL 35243



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