

ASSOCIATION OF ROCHESTER POLICE & AREA LAW ENFORCEMENT RETIREES, INC.
DenteMax Discount Dental Card
2009 ENROLLMENT FORM

RETIREE INFORMATION (Please Print)						
Retiree Name:				Retiree Social Security Number:		
Address:		City:		State:		Zip Code:
Home Telephone:						
Birth Date		Gender:	Marital Status:	Effective Date: (Month/Day/Year)		Term Date: (Month/Day/Year)
Month	Day	Year	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Single <input type="checkbox"/> Married	01/01/2009	12/31/2009

DEPENDENTS (Please Print)				
Name	Relationship	Gender	Birth Date	Social Security #
	spouse	<input type="checkbox"/> Male <input type="checkbox"/> Female		
		<input type="checkbox"/> Male <input type="checkbox"/> Female		
		<input type="checkbox"/> Male <input type="checkbox"/> Female		
		<input type="checkbox"/> Male <input type="checkbox"/> Female		

COST/PAYMENT: \$40/YEAR
<p>Make Check Payable to "Health Economics Group, Inc."</p> <p>Send Payment with Enrollment Form To: Health Economics Group, Inc. 1050-A University Avenue Rochester, NY 14607 Attn: Judy Barone</p>

You will receive your discount dental card in the mail after your enrollment is processed.
 For a list of DenteMax dentists please phone DenteMax Customer Service at 1-800-752-1547 OR on the internet go to www2.dentemax.com

Retiree Signature: _____ **Date:** _____

Health Economics Group, Inc.
(585) 241-9500 or (800) 666-6690
 ext. 302
www.heginc.com

