

**Chamber/Association
Subgroup Form**

Please Print



Capital District Physicians' Healthcare Network, Inc.
Capital District Physicians' Health Plan, Inc.
CDPHP Universal Benefits,® Inc.
500 Patroon Creek Blvd.
Albany, NY 12206-1057
(518) 641-5000 or 1-800-993-7299

This application is hereby made with CDPHP for enrollment of eligible Chamber/Association member businesses in accordance with the contract of the employer named below for coverage subject to the group meeting group eligibility.

SubGroup Effective Date: _____

Chamber/Association Name: _____ Group ID: _____

SUBGROUP INFORMATION (Required)

Legal Company Name

Fed Tax ID _____ SIC Code _____

Street Address _____ City _____ State _____ ZIP _____

INTERNAL USE ONLY

Special Instructions:

SIGNATURE AUTHORIZATION

Please Note: Benefits on your signed rate sheet are made a part of this application and may NOT be altered or modified until contract renewal, unless statutorily mandated. Requests for changes to this application must be made in writing. Employers are responsible for the administration of any continuation of coverage.

Broker, if applicable: I hereby attest to the content contained herein for the employer names on this form. I warrant and represent that I am authorized by said employer to make this attestation on its behalf and will provide documentation of such authority upon request.

Authorization: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act which is a crime and shall also be subject to a civil penalty not to exceed \$5,000 and the stated value for the claim for each such violation.

*Employer's Signature: _____ Date: _____

Print Name: _____ Employer's Title: _____

*Broker's Signature: _____ Date: _____

Print Name: _____

**Only one signature is required.*

Delta Dental Service Plans are underwritten and administered by Delta Dental of New York, Inc.



Delta Dental of New York
One Delta Drive
Mechanicsburg, PA 17055
1-800-932-0783
TTY/TDD 1-888-373-3582
www.deltadentalins.com

A REGISTERED MARK OF DELTA DENTAL PLANS ASSOCIATION