RESET

SAMBA
FEDERAL EMPLOYEE BENEFIT ASSOCIATION

DENTAL AND VISION PLAN ENROLLMENT FORM

11301 Old Georgetown Road, Rockville, MD 20852-2800 • (301) 984-1440 • (800) 638-6589 • Fax (301) 816-0191

To apply for coverage:

1. Complete this Enrollment Form (type or print clearly).
2. Complete the Direct Debit Application to have your premium conveniently deducted from your checking or savings account on a monthly basis. (**Note:** Employees of ATFE, CBP, CIS, DEA, FBI, ICE, and USSS must complete the SAMBA Payroll Allotment Form 299 instead of the Direct Debit Application.)
3. Be sure that all forms are signed and dated.
4. Mail or fax the completed forms to SAMBA at the address or number listed above.

MEMBER INFORMATION (Please print)

❑ **Active employee** ❑ **Retired**

Member Name: _____ Date: _____

SSN: _____ Birth Date: _____ Agency: _____

Home Address: _____

City: _____ State: _____ ZIP: _____

Check Here if New Address ☐

Office Phone: (_____) _____ Home Phone: (_____) _____

E-mail: _____ Fax Number: (_____) _____

COVERAGE TYPE (Check one)

	Biweekly Premium	Monthly Premium
❑ Self	$19.38	$42.00
❑ Self + One	$38.76	$84.00
❑ Self + Family	$58.15	$126.00

SELECT A PLAN OPTION

❑ **PPO** (If Self + One or Family coverage is selected, list eligible dependents below.)

❑ **DMO** A DMO Dentist **must** be selected for you and each family member enrolling at the time this application is completed (space provided below). A different DMO Dentist may be selected for each family member. **For a list of current DMO Dentists in your area call 1-800-843-3661 or visit www.SambaPlans.com.**

Note: Your application must be received by the 10th day of the month to be enrolled for DMO coverage by the first day (or pay period) of the following month.

	Full Name	Date of Birth	Sex	DMO Dentist Name/ID#
MEMBER				
SPOUSE				
Child(ren) under age 26				
CHILD				
CHILD				
CHILD				

✓ Signature Required

Member Signature Date

DVP1212

The SAMBA Dental and Vision Plan is a non-FEDVIP

Reset Form Print

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DIRECT DEBIT APPLICATION

SAMBA offers our members the convenience of having their premium payments automatically deducted from their checking or savings account on a monthly basis through our recurring **Direct Debit Program**.

Please complete the application below and mail or fax it to:

SAMBA Group Plans Department
11301 Old Georgetown Road
Rockville, MD 20852-2800.
Fax (301) 816-0191

APPLICATION FOR RECURRING DIRECT DEBIT PROGRAM

Please print or type

Member Name _____ ID # _____

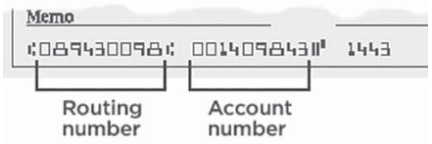
Email _____ Daytime Phone # _____

Bank Account Information

Banking Institution: _____

Account Holder's Name: _____

Bank Routing Number: ___ ___ ___ ___ ___ ___ ___ ___ ___
(9-digit number found on the bottom left of your check. See example.)



Please fill in ***ONLY ONE*** (checking or savings) account number in the field below.

❑ Checking Account #: _____
(Account number on the bottom center of check. See example.)

❑ Savings Account #: _____
(Account number from bank statement or passbook.)

Authorization Agreement: I authorize SAMBA to automatically deduct payment from the account specified, for the premium I owe each month for the Group Plan(s) I have with SAMBA (excludes premium collection for the SAMBA Health Benefit Plan). I understand that SAMBA has the right to change the amount of my automatic deduction to reflect a change in my premium or a change in my participation in the Recurring Direct Debit Program, and I will be notified of such change in writing. I also understand payment will be deducted on the 2nd of each month or the first business day thereafter if the 2nd is a holiday or weekend. I further understand that SAMBA will subject me to a return check fee of $10 if insufficient funds are available at the time of the Direct Debit. I may suspend payment by notifying SAMBA in writing at any time prior to ten (10) business days before an amount is scheduled to be deducted from my bank account.

I have read and agree to the terms of the above Authorization Agreement.

Signed _____ Signature Required Date _____

Contact SAMBA's Group Plans Department at (301) 984-1440 or (800) 638-6589 with any questions.