Boston Police Patrolmen's Association
295 Freeport Street
Dorchester, MA 02122

BPPA Data Form

Social Security # _____ ID#_____ Email:_____

Name (Last) _____(First)_____(MI)____

Address_____

City/Town_____ Zip Code_____ Cell Phone: _____

BPPA (CIRCLE ONE) Patrolman EMS Cadet Retiree/Other

I AM REQUESTING TO BE ENROLLED IN THE FOLLOWING DENTAL AND OR VISION PLAN

BCBS DENTAL: Individual Family

BLUE 20/20 VISION: Individual Family

I AM REQUESTING THAT THE FOLLOWING CHANGE BE MADE TO THE PLAN I AM CURRENTLY ENROLLED IN:

Current Plan: _____Request _____

PLEASE CANCEL ME FROM THE DENTAL AND OR EYE PLAN I AM ENROLLED IN:

CIRCLE ONE: BCBS DENTAL DMS DENTAL BLUE 20/20 VISION

As a member of the BPPA's Dental and or Eye plan programs I understand that I am responsible for paying 100% of the premiums. In addition, the BPPA has the right to charge a reasonable fee to cover expenses of administration and overhead of operating the plan (House of Representative meeting 1/22/97). I understand that the BPPA pays all premiums in advance, on my behalf, as a service to its members.

If for any reason, including but not limited to suspension, disability, computer malfunction, the BPPA does not receive my premium payment through payroll deduction, the BPPA will bill me directly. I understand that failure to make payment in the BPPA Dental/Eye Program bill after thirty (30) days may result in termination and ineligibility to rejoin the program until all payments are made in full. I agree to pay fifteen percent (15%) per month on all outstanding bills after thirty (30) days' notice.

I further authorize and request that the appropriate payroll department of my employer make said BPPA Dental/Eye program deductions from my payroll check and pay over the said monies to the BPPA.

I understand that the BPPA Dental/Eye program Is separate from any benefits from my employer and that I am responsible for notifying the BPPA of any significant events concerning these benefits.

Under no circumstances will the BPPA be responsible for any charges incurred by members, at any time, for any reason.
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Signed: _____ Date_____

THIS FORM IS TO BE RETURNED TO THE BPPA