

# State of Texas DMO Dental Plan Aetna Dental Inc. Dentist Selection Form

To select a participating General Dentist under the State of Texas DMO® dental plan, please complete this form and mail to:  
**Aetna Dental Inc., P.O. Box 3238, Sugar Land, TX 77487-3238**  
**Questions – Please call 1-800-275-1794 for assistance.**

<b>Employee / Retiree Last Name</b>		<b>First Name</b>		<b>M.I.</b>
<b>CSA</b>	<b>Network ID</b>	<b>EE Social Security Number</b>	<b>Daytime Phone Number</b>	
<b>876396 – 20 – 000</b>	<b>2589</b>			
What is your primary language? _____		Do you have a disability that affects your ability to read or communicate? <b>YES / NO</b>		
		Nature Of Disability: _____		

Including yourself, list the first and last name of each family member covered under the DMO.	Date Of Birth	SEX M or F	General Dentist Office ID Number	Are You A Current Patient? Yes Or No

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_