



## CIGNA Dental Dentist Nomination Form

If you would like your dentist to join the CIGNA Dental PPO network, we encourage you to speak with him/her about us. For more information about CIGNA Dental please have your **dentist** call us at 800-342-5234.



**CIGNA Dental**

Member Name \_\_\_\_\_

Member of **UUP Benefit Trust Fund**

Name of Dentist \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State & Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Specialty \_\_\_\_\_

# of Dentists (FT) \_\_\_\_\_ (PT) \_\_\_\_\_

# of Hygienists (FT) \_\_\_\_\_ (PT) \_\_\_\_\_



*Please return to:*  
CIGNA  
Dental-Network Management  
ATTN: Michael Jordan  
499 Washington Blvd.  
**4<sup>th</sup> Floor**  
Jersey City, NJ 07310



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