

DHMO PLAN 3000 (IL - \$5 Office Visit Copay) SCHEDULE OF MEMBERS' PAYMENT RESPONSIBILITY

Effective as of 1/1/2017



DIAGNOSTIC

D0999	Office Visit Copay	\$5
D0120	Periodic Oral Evaluation	\$0
D0140	Limited Oral Evaluation - Problem Focused	\$0
D0145	Oral Eval for Patient under 3 & Counseling with Primary Caregiver	\$0
D0150	Comprehensive Oral Evaluation - New or Established Patient	\$0
D0160	Detailed & Extensive Evaluation, Problem Focused	\$0
D0170	Re-Eval - Limited, Problem Focused (Est. Patient, Not Post-Operative)	\$0
D0171	Re-Evaluation - Post-Operative Office Visit	\$0
D0180	Comprehensive Periodontal Examination, New or Established Patient	\$0
D0210	Intraoral - Complete Series (Incl. Bitewings)	\$0
D0220	Intraoral - Periapical First Film	\$0
D0230	intraoral - Periapical Each Additional Film	\$0
D0240	intraoral - Occlusal Film	\$0
D0270	Bitewing - Single Film	\$0
D0272	Bitewing X-Rays - 2 Films	\$0
D0273	Bitewing X-Rays - 3 Films	\$0
D0274	Bitewing X-Rays - 4 Films	\$0
D0277	Vertical Bitewings - 7 to 8 Films	\$0
D0330	Panoramic Film	\$0
D0415	Bacteriological Studies	\$0
D0460	Pulp Vitality Tests	\$0
D0470	Diagnostic Casts	\$0
D0600	Non-ionizing diagnostic procedure capable of quantifying, monitoring, and recording changes in structure of enamel, dentin and cementum	\$0

PREVENTIVE

D1110	Prophylaxis - Adult	\$0
D1120	Prophylaxis - Child	\$0
D1206	Topical Fluoride Varnish, Therapeutic Application for Mod to High Caries Risk Patients	\$0
D1208	Topical Application Of Fluoride - Excluding Varnish	\$0
D1310	Nutritional Counseling for Control of Dental Disease	\$0
D1330	Oral Hygiene Instructions	\$0
D1351	Sealant - Per Tooth	\$10
D1352	Preventive Resin Restoration in Mod - High Caries Risk Patient - Perm Tooth	\$5
D1510	Space Maintainer - Fixed - Unilateral	\$54
D1515	Space Maintainer - Fixed - Bilateral	\$52
D1520	Space Maint-Removable - Unilateral	\$36
D1525	Space Maint-Removable - Bilateral	\$52
D1550	Re-cement or Re-bond Space Maintainer	\$7
D1555	Removal of a Space Maintainer, By Dentist Who Did Not Originally Place	\$5
D1575	Distal shoe space maintainer - fixed - unilateral	\$54

MINOR RESTORATIVE

D2140	Amalgam - 1 Surface, Primary or Permanent	\$26
D2150	Amalgam - 2 Surfaces, Primary or Permanent	\$30
D2160	Amalgam - 3 Surfaces, Primary or Permanent	\$35
D2161	Amalgam - 4 or More Surfaces, Primary or Permanent	\$30
D2330	Resin-Based Composite - 1 Surface, Anterior	\$30
D2331	Resin-Based Composite - 2 Surfaces, Anterior	\$36
D2332	Resin-Based Composite - 3 Surfaces, Anterior	\$49
D2335	Resin-Based Comp - 4 or More Surfaces or Involving Incisal Angle (Anterior)	\$55
D2390	Resin-Based Composite Crown, Anterior	\$147
D2391	Resin-Based Composite - 1 Surface, Posterior	\$89
D2392	Resin-Based Composite - 2 Surfaces, Posterior	\$119
D2393	Resin-Based Composite - 3 Surfaces, Posterior	\$141
D2394	Resin-Based Composite - 4 or More Surfaces, Posterior	\$169
D2929	Prefabricated Porcelain/Ceramic Crown - Primary Tooth	\$83
D2990	Resin Infiltration of Incipient Smooth Surface Lesions	\$9

ENDODONTICS

D3110	Pulp Cap - Direct (Excluding Final Restoration)	\$12
D3120	Pulp Cap - Indirect (Excluding Final Restoration)	\$10
D3220	Therapeutic Pulpotomy (Excluding Final Restoration)	\$38
D3221	Pulpal Debridement, Primary & Permanent Teeth	\$12
D3222	Partial Pulpotomy for Apexogenesis - Perm. Tooth with Incomplete Root	\$20
D3230	Pulp Therapy, Anterior Primary	\$52
D3240	Pulp Therapy, Posterior Primary	\$113
D3310	Endodontic Therapy, Anterior Tooth (Excluding Final Restoration)	\$151
D3320	Endodontic Therapy, Bicuspid Tooth (Excluding Final Restoration)	\$177

D3330	Endodontic Therapy, Molar (Excluding Final Restoration)	\$356
D3351	Apexification/Recalcification Initial Visit	\$62
D3352	Apexification/Recalcification Interim Visit	\$42
D3353	Apexification/Recalcification Final Visit	\$146
D3410	Apicoectomy - Anterior	\$213
D3421	Apicoectomy - Bicuspid (First Root)	\$258
D3425	Apicoectomy - Molar (First Root)	\$266
D3426	Apicoectomy (Each Additional Root)	\$96
D3427	Periradicular Surgery without Apicoectomy	\$205
D3430	Retrograde Filling - Per Root	\$47
D3450	Root Amputation Per Root	\$122
D3920	Hemisection (Incl. Root Removal/Excludes Rct)	\$117
D3950	Canal Prep & Fit of Preformed Post (By Other Than Dentist Who Placed Post)	\$11

PERIODONTICS

D4210	Gingivectomy or Gingivoplasty - 4 or More Teeth Per Quadrant	\$165
D4211	Gingivectomy or Gingivoplasty - 1 to 3 Teeth, Per Quadrant	\$91
D4212	Gingivectomy or Gingivoplasty to Allow Access For Restorative Procedure, Per Tooth	\$43
D4240	Gingival Flap Procedure, w/Root Planing - 4 or More Teeth Per Quadrant	\$193
D4241	Gingival Flap Procedure, w/Root Planing - 1 to 3 Teeth, Per Quadrant	\$123
D4245	Apically Positioned Flap	\$187
D4249	Clinical Crown Lengthening - Hard Tissue	\$243
D4260	Osseous Surgery (Incl. Elevation of a Full Thickness Flap & Closure) - 4 or More Teeth Per Quad	\$366
D4261	Osseous Surgery (Incl. Elevation of a Full Thickness Flap & Closure) - 1 to 3 Teeth, Per Quad	\$256
D4268	Surgical Revision Procedure, Per Tooth, Inclusive in Surgery	\$0
D4341	Scaling & Root Planing - 4 or More Teeth Per Quadrant	\$50
D4342	Scaling & Root Planing - 1 to 3 Teeth, Per Quadrant	\$30
D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation	\$0
D4355	Full Mouth Debridement to Enable Comprehensive Evaluation & Diagnosis	\$33
D4381	Loc. Deliv. Chemo Agent, Controlled Release into Crevice, Per Tooth	\$11
D4910	Periodontal Maintenance	\$28
D4921	Gingival Irrigation - Per Quadrant	\$6

ORAL SURGERY

D7111	Extraction, Coronal Remnants - Deciduous Tooth	\$19
D7140	Extraction, Erupted Tooth or Exposed Root (Elevation and/or Forceps Removal)	\$27
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	\$73
D7220	Removal of Impacted Tooth - Soft Tissue	\$94
D7230	Removal of Impacted Tooth - Partially Bony	\$125
D7240	Removal of Impacted Tooth - Completely Bony	\$153
D7241	Removal of Impacted Tooth - Completely Bony, with Unusual Surg Comp	\$168
D7250	Removal of residual tooth roots (cutting procedure)	\$125
D7280	Exposure of an unerupted tooth	\$126
D7310	Alveoloplasty w/Extractions - Per Quadrant	\$65
D7311	Alveoloplasty w/Ext - 1 To 3 Teeth or Spaces, Per Quadrant	\$60
D7320	Alveoloplasty Not w/Extractions - Per Quadrant	\$79
D7321	Alveoloplasty Not w/Extractions - 1 to 3 Teeth or Spaces Per Quadrant	\$60
D7450	Removal of Benign Odontogenic Cyst or Tumor (Diameter <= 1.25 Cm)	\$104
D7451	Removal of Benign Odontogenic Cyst or Tumor (Diameter >1.25 Cm)	\$119
D7510	Incision & Drainage of Abscess - Intraoral Soft Tissue	\$49
D7511	Incision & Drainage of Abscess - Intraoral Soft Tissue - Complicated	\$29
D7960	Frenulectomy (Frenectomy or Frenotomy) - Separate Procedure	\$113
D7963	Frenuloplasty	\$130
D7972	Surgical Reduction of Fibrous Tuberosity	\$67

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CROWNS

D2510	Inlay - Metallic - 1 Surface*	\$201
D2520	Inlay - Metallic - 2 Surfaces*	\$240
D2530	Inlay - Metallic - 3 or More Surfaces*	\$258
D2542	Onlay - Metallic - 2 Surfaces*	\$247
D2543	Onlay - Metallic - 3 Surfaces*	\$291
D2544	Onlay - Metallic - 4 or More Surfaces*	\$303
D2610	Inlay - Porcelain Ceramic 1 Surf	\$217
D2620	Inlay - Porcelain Ceramic 2 Surf	\$241
D2630	Inlay - Porcelain Ceramic 3 Surf	\$262
D2642	Onlay - Porcelain Ceramic 2 Surf	\$253
D2643	Onlay - Porcelain Ceramic 3 Surf	\$293
D2644	Onlay - Porcelain Ceramic 4+ Surf	\$305
D2650	Inlay - Resin 1 Surf	\$189
D2651	Inlay - Resin 2 Surf	\$210
D2652	Inlay - Resin 3 Surf	\$228
D2662	Onlay - Resin 2 Surf	\$219
D2663	Onlay - Resin 3 Surf	\$254
D2664	Onlay - Resin 4+ Surf	\$266
D2710	Crown - Resin-Lab	\$115
D2720	Crown - Resin, High Noble Metal*	\$172
D2721	Crown - Resin, Base Metal	\$172
D2722	Crown - Resin, Noble Metal	\$172
D2740	Crown - Porcelain/Ceramic Substrate	\$550
D2750	Crown - Porcelain Fused to High Noble Metal*	\$514
D2751	Crown - Porcelain Fused to Predominantly Base Metal	\$458
D2752	Crown - Porcelain Fused to Noble Metal	\$526
D2780	Crown - 3/4 Cast High Noble Metal*	\$315
D2781	Crown - 3/4 Cast Predominantly Base Metal	\$267
D2782	Crown - 3/4 Cast Noble Metal	\$292
D2783	Crown - 3/4 Porcelain/Ceramic	\$325
D2790	Crown - Full Cast High Noble Metal*	\$514
D2791	Crown - Full Cast Predominantly Base Metal	\$267
D2792	Crown - Full Cast Noble Metal	\$526
D2794	Crown - Titanium	\$315
D2910	Re-cement or Re-bond Inlay, Onlay, Veneer or Partial Coverage Restoration	\$9
D2915	Re-cement or Re-bond Indirectly Fabricated or Prefabricated Post & Core	\$9
D2920	Re-cement or Re-bond Crown	\$19
D2930	Prefabricated Stainless Steel Crown - Primary Tooth	\$73
D2931	Prefabricated Stainless Steel Crown - Permanent Tooth	\$80
D2932	Prefabricated Resin Crown	\$83
D2933	Prefabricated Stainless Steel Crown with Resin Window	\$83
D2934	Prefabricated Esthetic Coated Stainless Steel Crown - Primary Tooth	\$83
D2940	Protective Restoration	\$21
D2941	Interim Therapeutic Restoration - Primary Dentition	\$7
D2949	Restorative Foundation for an Indirect Restoration	\$32
D2950	Core Buildup, Incl. any Plns When Required	\$136
D2951	Pin Retention - Per Tooth, in Addition to Restoration	\$29
D2952	Cast Post & Core in Addition to Crown*	\$191
D2953	Each Additional Cast Post - Same Tooth*	\$60
D2954	Prefabricated Post & Core in Addition to Crown	\$155
D2957	Each Additional Prefabricated Post - Same Tooth	\$7
D2971	Additional Procedures to Construct New Crown Under Existing Partial	\$86
D2980	Crown Repair	\$61

FIXED BRIDGES

D6205	Pontic - Indirect Resin Based Composite	\$115
D6210	Pontic - Cast High Noble Metal*	\$478
D6211	Pontic - Cast Predominantly Base Metal	\$267
D6212	Pontic - Cast Noble Metal	\$292
D6214	Pontic - Titanium	\$315
D6240	Pontic - Porcelain Fused to High Noble Metal*	\$449
D6241	Pontic - Porcelain Fused to Predominantly Base Metal	\$478
D6242	Pontic - Porcelain Fused to Noble Metal	\$490
D6245	Pontic - Porcelain/Ceramic	\$490
D6250	Pontic - Resin, High Noble Metal*	\$318
D6251	Pontic - Resin, Base Metal	\$281
D6252	Pontic - Resin, Noble Metal	\$300
D6545	Retainer - Cast Metal for Resin Bonded Fixed Prosthesis*	\$121
D6548	Retainer - Porcelain for Resin Bonded Prosthesis	\$121
D6549	Resin Retainer - for Resin Bonded Fixed Prosthesis	\$60
D6600	Retainer Inlay - Porcelain/Ceramic, Two Surfaces	\$241
D6601	Retainer Inlay - Porcelain/Ceramic, Three or More Surfaces	\$262
D6602	Retainer Inlay - Cast High Noble Metal, Two Surfaces*	\$240
D6603	Retainer Inlay - Cast High Noble Metal, Three or More Surfaces*	\$258
D6604	Retainer Inlay - Cast Predominantly Base Metal, Two Surfaces	\$240
D6605	Retainer Inlay - Cast Predominantly Base Metal, Three or More Surfaces	\$258
D6606	Retainer Inlay - Cast Noble Metal, Two Surfaces	\$240
D6607	Retainer Inlay - Cast Noble Metal, Three or More Surfaces	\$258
D6608	Retainer Onlay - Porcelain/Ceramic, Two Surfaces	\$253
D6609	Retainer Onlay - Porcelain/Ceramic, Three or More Surfaces	\$293
D6610	Retainer Onlay - Cast High Noble Metal, Two Surfaces*	\$247

D6611	Retainer Onlay - Cast High Noble Metal, Three or More Surfaces*	\$291
D6612	Retainer Onlay - Cast Predominantly Base Metal, Two Surfaces	\$247
D6613	Retainer Onlay - Cast Predominantly Base Metal, Three or More Surfaces	\$291
D6614	Retainer Onlay - Cast Noble Metal, Two Surfaces	\$247
D6615	Retainer Onlay - Cast Noble Metal, Three or More Surfaces	\$291
D6624	Retainer Inlay - Titanium	\$240
D6634	Retainer Onlay - Titanium	\$247
D6710	Retainer Crown - Indirect Resin Based Composite	\$115
D6720	Retainer Crown - Resin with High Noble Metal*	\$172
D6721	Retainer Crown - Resin with Predominantly Base Metal	\$172
D6722	Retainer Crown - Resin with Noble Metal	\$172
D6740	Retainer Crown - Porcelain/Ceramic	\$550
D6750	Retainer Crown - Porcelain Fused to High Noble Metal*	\$514
D6751	Retainer Crown - Porcelain Fused to Predominantly Base Metal	\$514
D6752	Retainer Crown - Porcelain Fused to Noble Metal	\$526
D6780	Retainer Crown - 3/4 Cast High Noble Metal*	\$310
D6781	Retainer Crown - 3/4 Cast Predominantly Base Metal	\$267
D6782	Retainer Crown - 3/4 Cast Noble Metal	\$292
D6783	Retainer Crown - 3/4 Porcelain/Ceramic	\$325
D6790	Retainer Crown - Full Cast High Noble Metal*	\$315
D6791	Retainer Crown - Full Cast Predominantly Base Metal	\$267
D6792	Retainer Crown - Full Cast Noble Metal	\$292
D6794	Retainer Crown - Titanium	\$315
D6930	Re-cement or Re-bond Fixed Partial Denture	\$14
D6980	Fixed Partial Denture Repair, by report	\$60

LABIAL VENEERS

D2960	Labial Veneer (Resin Laminate) - Chairside	\$322
D2961	Labial Veneer (Resin Laminate) - Lab	\$458
D2962	Labial Veneer (Porcelain Laminate) - Lab	\$550

DENTURES

D5110	Complete Denture - Maxillary	\$693
D5120	Complete Denture - Mandibular	\$693
D5130	Immediate Denture - Maxillary	\$741
D5140	Immediate Denture - Mandibular	\$741
D5211	Maxillary Partial - Resin Base	\$693
D5212	Mandibular Partial - Resin Base	\$693
D5213	Maxillary Partial - Cast Metal Framework w/Resin Bases	\$741
D5214	Mandibular Partial - Cast Metal Framework w/Resin Bases	\$741
D5221	Immediate Maxillary Partial - Resin Base	\$728
D5222	Immediate Mandibular Partial - Resin Base	\$728
D5223	Immediate Maxillary Partial - Cast Metal Framework w/Resin Bases	\$778
D5224	Immediate Mandibular Partial - Cast Metal Framework w/Resin Bases	\$778
D5225	Maxillary Partial - Flexible Base	\$436
D5226	Mandibular Partial - Flexible Base	\$436
D5281	Removable Unilateral Partial Denture	\$173
D5410	Adjust Complete Denture - Maxillary	\$19
D5411	Adjust Complete Denture - Mandibular	\$19
D5421	Adjust Partial Denture - Maxillary	\$19
D5422	Adjust Partial Denture - Mandibular	\$33
D5510	Repair Broken Complete Denture Base	\$82
D5520	Replace Missing or Broken Teeth - Complete Denture (Each Tooth)	\$79
D5610	Repair Resin Denture Base	\$96
D5620	Repair Cast Framework	\$45
D5630	Repair or Replace Broken Clasp - Per Tooth	\$114
D5640	Replace Broken Teeth - Per Tooth	\$75
D5650	Add Tooth to Existing Partial Denture	\$97
D5660	Add Clasp to Existing Partial Denture - Per Tooth	\$122
D5670	Replace All Teeth & Acrylic on Cast Metal Framework - Maxillary	\$163
D5671	Replace All Teeth & Acrylic on Cast Metal Framework - Mandibular	\$163
D5710	Rebase Complete Maxillary Denture	\$141
D5711	Rebase Complete Mandibular Denture	\$141
D5720	Rebase Maxillary Partial Denture	\$131
D5721	Rebase Mandibular Partial Denture	\$255
D5730	Reline Complete Maxillary Denture (Chairside)	\$69
D5731	Reline Complete Mandibular Denture (Chairside)	\$69
D5740	Reline Maxillary Partial Denture (Chairside)	\$55
D5741	Reline Mandibular Partial Denture (Chairside)	\$55
D5750	Reline Complete Maxillary Denture (Laboratory)	\$119
D5751	Reline Complete Mandibular Denture (Laboratory)	\$222
D5760	Reline Maxillary Partial Denture (Laboratory)	\$103
D5761	Reline Mandibular Partial Denture (Laboratory)	\$103
D5850	Tissue Conditioning, Maxillary	\$65
D5851	Tissue Conditioning, Mandibular	\$39

ORTHODONTICS

D8080	Comprehensive Orthodontic Treatment of the Adolescent Dentition (age 18 and under) Class I and II	\$3,241
D8090	Comprehensive Orthodontic Treatment of the Adult Dentition (age 19 and over) Class I and II	\$3,621
D8660	Pre-Orthodontic Treatment Examination to Monitor Growth and Development	\$205
D8680	Orthodontic Retention (Removal of Appliances, Construction & Placement Of Retainer(s))	\$255
D8681	Removable Orthodontic Retainer Adjustment	\$0

**DHMO PLAN 3000 (IL - \$5 Office Visit Copay)
SCHEDULE OF MEMBERS' PAYMENT RESPONSIBILITY**

Effective as of 1/1/2017



MISCELLANEOUS

D9110	Palliative (Emergency) Treatment of Dental Pain - Minor Procedure	\$14
D9210	Local Anesthetic, Not in Conjunction with Operative Procs.	\$0
D9215	Local Anesthesia-In Conjunction with Operative or Surgical Procedures (Inclusive in those Procedures)	\$0
D9219	Evaluation for Deep Sedation or General Anesthesia	\$21
D9223	Deep Sedation/General Anesthesia - Each 15 Minute Increment	\$55
D9230	Analgesia, Nitrous Oxide	\$11
D9310	Consultation - Diagnostic Service Provided by Dentist or Physician Other Than Requesting Dentist or Physician	\$14
D9311	Consultation with a medical health care professional	\$0
D9430	Office Visit for Observation (During Regularly Scheduled Hours)	\$5
D9440	Office Visit for Observation (After Regularly Scheduled Hours)	\$5
D9450	Case Presentation, Detailed & Extensive Treatment Planning	\$0
D9910	Application of Desensitizing Medicament, Per Visit	\$5
D9911	Application of Desensitizing Resin for Cervical and/or Root Surface-Per Tooth	\$7
D9951	Occlusal Adjustment - Limited	\$13
D9952	Occlusal Adjustment - Complete	\$36
D9991	Dental case management - addressing appointment compliance barriers	\$0
D9992	Dental case management - care coordination	\$0
D9993	Dental case management - motivational interviewing	\$0
D9994	Dental case management - patient education to improve oral health literacy	\$0

*Designated restorations include high noble metal (gold). The actual cost of this metal may be added to the patient's responsibility at the time of service. The payment responsibilities listed above are valid as of January 1, 2017. The payment responsibilities are subject to revision on January 1 of each year. A complete description of benefits, limitations and exclusions is included in your subscription certificate.

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CDT Code	Illinois Plans for 2013	All E/L/IN 2750 Plans	All E/L/IN 3000, 4000 5000, 7000 Plans
ORTHODONTICS			
D8080	Comprehensive Orthodontic Treatment of the Adolescent Dentition (age 18 and under) Class I and II	3491	3241
D8090	Comprehensive Orthodontic Treatment of the Adult Dentition (age 19 and over) Class I and II	3871	3621
D8660	Pre-Orthodontic Treatment Visit	205	205
D8680	Orthodontic Retention (Removal of Appliances, Construction & Placement Of Retainer(s))	255	255
	Initial Visit Adult & Child	0	0



Please print clearly and mark carefully.

Employer Name: _____	Group Plan Number: _____
	Benefits Effective: _____

PLEASE CHECK APPROPRIATE BOX

Initial Enrollment Add Employee/ Dependents Drop/Refuse Coverage Information Change Family Status Change

Class: _____ Division: _____
(Please obtain this from your Employer)

About You: First, MI, Last Name: _____	Social Security Number ____ - ____ - ____
Address/City/State/Zip: _____	
Gender: M <input type="checkbox"/> F <input type="checkbox"/>	Date of Birth (mm-dd-yy): ____ - ____ - ____ Phone: () - ____ - ____
Email Address: _____	
Are you married or do you have a spouse? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of marriage/union: ____ - ____ - ____
Do you have children or other dependents? <input type="checkbox"/> Yes <input type="checkbox"/> No	Placement date of adopted child: ____ - ____ - ____

About Your Job: Hours worked per week: _____ Job Title: _____

Work Status: <input type="checkbox"/> Active <input type="checkbox"/> Retired <input type="checkbox"/> Cobra/State Continuation	Date of full time hire: ____ - ____ - ____
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About Your Family: Please include the names of the dependents you wish to enroll for coverage. *A dependent is a person that you, as a taxpayer, claim; who relies on you for financial support; and for whom you qualify for a dependency tax exception. Dependency tax exemptions are subject to IRS rules and regulations. Additional information may be required for non-standard dependents such as a grandchild, a niece or a nephew.*

Spouse (First, MI, Last Name)	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth (mm-dd-yyyy) ____ - ____ - ____	
Child/Dependent 1:	<input type="checkbox"/> Add <input type="checkbox"/> Drop	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth (mm-dd-yyyy) ____ - ____ - ____
			Status (check all that apply) <input type="checkbox"/> Student (post high school) <input type="checkbox"/> Disabled <input type="checkbox"/> Non standard dependent
Child/Dependent 2:	<input type="checkbox"/> Add <input type="checkbox"/> Drop	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth (mm-dd-yyyy) ____ - ____ - ____
			Status (check all that apply) <input type="checkbox"/> Student (post high school) <input type="checkbox"/> Disabled <input type="checkbox"/> Non standard dependent
Child/Dependent 3:	<input type="checkbox"/> Add <input type="checkbox"/> Drop	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth (mm-dd-yyyy) ____ - ____ - ____
			Status (check all that apply) <input type="checkbox"/> Student (post high school) <input type="checkbox"/> Disabled <input type="checkbox"/> Non standard dependent
Child/Dependent 4:	<input type="checkbox"/> Add <input type="checkbox"/> Drop	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth (mm-dd-yyyy) ____ - ____ - ____
			Status (check all that apply) <input type="checkbox"/> Student (post high school) <input type="checkbox"/> Disabled <input type="checkbox"/> Non standard dependent