

**USING IGRC UNITED METHODIST
DENTAL PLAN FOR RETIREES**

(AFTER YOU HAVE ENROLLED)

A. TO USE A COOPERATING DENTIST

1. Call and make your dental appointment, letting the dental office know you will be using the IGRC United Methodist Dental Plan for Retirees as a retired United Methodist Pastor (spouse).
2. When your work is completed, if the procedure costs less than \$500.00, pay the bill. **Anything under \$500.00, or the first \$500.00 of a more expensive procedure, is your responsibility.**
3. If you wish to finance your payments, ask your dentist to sign the payment submission form, enclose a copy of the dentist billing invoice (showing the first \$500.00 as paid by you), and mail it to **Preachers' Aid Society and Benefit Fund, PO Box 19207, Springfield, IL 62794-9207**. Payment will be made directly to the dentist and you will shortly receive repayment instructions.

B. TO USE A DENTIST NOT IN OUR SYSTEM

1. Contact your dentist and ask if their practice would consider being a part of the IGRC United Methodist Dental Plan for Retirees program. If they would, please contact the Preachers' Aid Society and Benefit Office via phone (217-529-3221) or e-mail (keanderson@igrc.org or csims@igrc.org) and give us instructions on sending enrollment information to your dentist.
2. Once we have received the enrollment information, we will contact you to let you know that your dentist is or is not an IGRC United Methodist Dental Plan for Retirees cooperating office.

C. IF YOUR DENTIST DECLINES PARTICIPATION we will let you know and you may either:

1. Continue with that dentist at his/her prevailing rates and just use the financing provisions of the program, or
2. Contact and make an appointment with a cooperating dentist from our list.

D. IF YOUR DENTIST DOES NOT PARTICIPATE IN THE BILLING RATE CONSIDERATIONS, you may continue to use that dentist and just activate the financing provisions of IGRC United Methodist Dental Plan for Retirees program. Simply submit your bill from the Dentist as outlined in section A above. **Please note: To use this provision, you will still need the cooperation of your dentist as payments are made only to the dentist and not directly to you.**

If you have questions or concerns, please contact Rev. Keith Anderson at 217-529-3221 and we will do our best to accommodate you within the parameters of the program.

PLAN ENROLLMENT, QUESTIONS, BILL SUBMISSION, AND PAYMENTS:

Preachers' Aids Society and Benefit Fund

PO Box 19207

Springfield IL 62794-9207

217-529-3221

**IGRC United Methodist
Dental Plan for Retirees**

PAYMENT FORM

Participant* : _____

Address: _____

Phone: _____

Requested Payment Schedule: _____ years (1 to 5 years)

Dentist: _____

Address: _____

Phone: _____

Amount of Invoice to be paid: \$_____.00
(not less than \$500.00 or over \$5,000.00.)

Signatures: Dentist: _____ Date _____

Signatures: Participant: _____ Date _____

*Clergy/spouse/surviving spouse

THE INVOICE FOR PROCEDURE MUST BE ATTACHED AND MAILED TO:
Preachers' Aid Society and Benefit Fund
PO Box 19207
Springfield IL 62794-9207

For questions please call: 217-529-3221
kanderson@igrc.org or csims@igrc.org