



1800 Northern Boulevard, P.O. Box 9007, Roslyn, NY 11576

(516) 365-2855

Fax: (516) 869-6421

Toll Free: (888) 526-4006

Name: _____

Policy #: _____

Fax/ E-Mail: _____

Date: _____

In order to change the "No Consent Option", please complete this form and either fax it to PRI at 516-869-6421 or mail it to PRI- Dental Department, 1800 Northern Boulevard, P.O. Box 9007, Roslyn, NY 11576.

I would like to change my policy to reflect the:

_____ "NO CONSENT" OPTION: I hereby authorize the Exchange to act on my behalf to settle any claim reported, or to appeal any judgment against me without first obtaining my written consent.

_____ CONSENT OPTION: I am not willing to forego my written consent prior to settling any claim on my behalf or appealing any judgment on my behalf.

Change is to become effective on _____ or as soon thereafter as possible. (Please note that the "No Consent Option" can be changed the day following receipt of request or any day requested thereafter.)

Signature: _____ Date: _____