

Enrollment/ Change Form



One Delta Drive, Mechanicsburg, PA 17055
 (800) 932-0783
 TTY/TDD (888) 373-3582
 www.GHOWD@dhQWDLQV

Please check the applicable box or boxes.

- | | |
|--|---|
| <input type="checkbox"/> New enrollment | <input type="checkbox"/> Address change |
| <input type="checkbox"/> COBRA | <input type="checkbox"/> Change of dependents |
| <input type="checkbox"/> Coverage change | <input type="checkbox"/> Termination |
| <input type="checkbox"/> Name change | <input type="checkbox"/> Decline Coverage |

Delta Dental PPO ⁶⁰

Please check the Delta Dental plan that administers your dental benefits.

- Delta Dental of Pennsylvania
 Delta Dental of New York
 Delta Dental Insurance Company
 Delta Dental of Delaware
 Delta Dental of West Virginia

Primary Enrollee Social Security Number	Last Name	First Name	MI	Date of Birth	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Alternate Identification Number (if applicable)	Address (Is this a change of address? <input type="checkbox"/> Yes <input type="checkbox"/> No)	Street	City	State	Zip Code

Group Number:	Sublocation	Group N D P H: % 5 < 1 0 \$: 5 & 2 / / (* (
---------------	-------------	--

Change of Coverage

Former Coverage:

Name Change

New Coverage: _____ To: _____

Dependent Change

Please check one of the boxes: Add dependent(s) listed below Delete dependent(s) listed below

Do you or your dependents have other dental coverage?
 Yes No If yes, please complete the following:

Carrier Name and Address: _____
 Group Number: _____

Last name (if different) Spouse / Domestic Partner	First Name	MI	Gender	Date of Birth	Social Security Number
			M F		
Children			M F		
			M F		
			M F		
			M F		
			M F		

Date of Hire:	Effective Date:	Primary Enrollee Signature _____
---------------	-----------------	-------------------------------------

Any person who knowingly and with intent to defraud any insurance company or any other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading information concerning any fact material thereto commits a fraudulent insurance act, which is a crime. Enrollees whose company is headquartered in the state of New York and who commit a fraudulent insurance crime shall be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.