

Enrollment/ Change Form



One Delta Drive, Mechanicsburg, PA 17055
 (717) 766-8500 (800) 932-0783
 TTY/TDD (888) 373-3582
 www.MidAtlanticDeltaDental.com

Please check the applicable box or boxes.

- New enrollment
- COBRA
- Coverage change
- Name change
- Address change
- Change of dependents
- Termination
- Decline Coverage

Please check the applicable box or boxes.

- Delta Dental Premier
- Delta Dental PPO
- Delta Dental PPO Plus Premier
- DeltaCare USA

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: Male Female

Alternate Identification Number (if applicable): _____ Address (Is this a change of address?): Yes No Street: _____ City: _____ State: _____ Zip Code: _____

Group Number: _____ Sublocation: _____ Group Name: _____

DeltaCare UA Primary Care Dentist (required for DeltaCare USA enrollees) _____ DeltaCare USA Primary Dental Office ID No. (required for DeltaCare USA enrollees) _____

Change of Coverage: _____ New Coverage: _____ Former Coverage: _____

Name Change: _____ From: _____ 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)	First Name	MI	Gender	Date of Birth	Social Security Number
Spouse			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.