# Enrollment/ Change Form

DELTA DENTAL

One Delta Drive, Mechanicsburg, PA 17055
(800) 932-0783
TTY/TDD (888) 373-3582
www.deltadentalins.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 PPO Plus Premier - *DC04563***
- ☐ **DeltaCare® USA - *DC06450***

***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** **Carnegie Institution of Washington**

DeltaCare USA 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 | Gender | Date of Birth | Social Security Number |
|---|---|---|---|
| Spouse / Domestic Partner | 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.