

# Enrollment/ Change Form



P.O. Box 1809, Alpharetta, GA 30023-1809  
(800) 521-2651  
www.deltadentalins.com

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     |

- High Plan  
 Low Plan

### COBRA Enrollment Only

- Termination  
 Reduction in Hours  
 Divorce  
 Widowed/Surviving Dependent  
 Dependent Child No Longer Eligible

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	Street	City	State	Zip Code

<b>Group Number</b>	<b>Sublocation</b>	<b>Group Name</b>
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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		M F		
Children		M F		
		M F		
		M F		
		M F		
		M F		

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