

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

05612

Sublocation

PA-0001; NY-0002

Group Name

Athens Area School District

Please indicate which state your dentist is in : Pennsylvania Plan PA-0001; New York Plan NY-0002

(Once selected, you cannot change states without prior approval.)

Change of Coverage

New Coverage:

Name Change

From:

Do you have other dental coverage?

Yes No

If yes, please complete the following:

Carrier Name and Address:

Group Number:

To:

Former Coverage:

Date of Hire

Effective Date:

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.