



Delta Dental of New York

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

- Delta Dental Premier®
- Delta Dental PPOSM
- Delta Dental PPO plus Premier
- DeltaCare® USA

Primary Enrollee Social Security Number _____

Last Name _____ First Name _____ MI _____ Date of Birth _____ Gender
 Male Female

Alternate Identification Number (if applicable) _____ Street _____ City _____ State _____ Zip Code _____

Address (Is this a change of address?)
 Yes No

Group Number _____ Sublocation _____ Group Name _____

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: _____

	M	F
Spouse		
Children		

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, and shall be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.