

# Enrollment/ Change Form

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     Address change  
 COBRA             Change of dependents  
 Coverage change    Termination  
 Name change         Decline Coverage

**Please check the Delta Dental plan that administers your dental benefits.**

Delta Dental Premier®  
 Delta Dental PPO<sup>SM</sup>  
 Delta Dental PPO Plus Premier  
 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** 2291    **Sublocation** \_\_\_\_\_    **Group Name** BRYN MAWR COLLEGE

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:

Last name (if different)	First Name	MI	Gender	Date of Birth	Social Security Number
Spouse / Domestic Partner			M F		
Children			M F		
			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.