DELTA DENTAL®

Delta Dental of Wisconsin

# ETF Supplemental Dental Active Employee Enrollment Form

Please note that completing this form does not guarantee coverage

**Plan Selection** (Choose Preventive Plan and/or the Select or Select Plus Plan):

☐ Delta Dental PPO Plus Premier™ – **Preventive Plan** (option only available if **not** enrolling in health plan)

☐ Delta Dental PPO™ – **Select Plan** **OR** ☐ Delta Dental PPO Plus Premier™ – **Select Plus Plan**

## COMPLETE THIS SECTION IF YOU ARE ACCEPTING, CHANGING, OR TERMINATING COVERAGE

| EMPLOYEE LAST NAME | FIRST | M.I. | SOCIAL SECURITY NUMBER | DATE OF BIRTH M/D/Y | GENDER F ☐ M ☐ |
|---|---|---|---|---|---|
| | | | | | |

| HOME ADDRESS – STREET | CITY | STATE | ZIP |
|---|---|---|---|
| | | | |

| DATE OF HIRE |
|---|
| |

**LIST ALL ELIGIBLE FAMILY MEMBERS TO BE COVERED**

| LAST NAME (IF DIFFERENT) | FIRST | M.I. | GENDER F | GENDER M | DATE OF BIRTH M/D/Y |
|---|---|---|---|---|---|
| SPOUSE | | | ☐ | ☐ | |
| CHILD/DEPENDENT | | | ☐ | ☐ | |
| | | | ☐ | ☐ | |
| | | | ☐ | ☐ | |
| | | | ☐ | ☐ | |
| | | | ☐ | ☐ | |
| | | | ☐ | ☐ | |

## REASON FOR SUBMITTING THIS FORM

☐ NEW ENROLLEE ☐ REHIRE (Date: _____)

IF THIS IS FOR CHANGE, WHAT IS THE REASON? Date Occurred

- ☐ Birth/Adoption (Name: _____) _____
- ☐ Marriage/ ☐ Divorce _____
- ☐ Add/ ☐ Drop Dependent (Name: _____) _____
- ☐ Cancellation of Benefits (Reason: _____) _____
- ☐ Loss of Dental Benefits _____
- ☐ Name Change (Former Name: _____) _____
- ☐ Address Change (_____) _____
- ☐ Group Transfer (From _____ to _____) _____

## COVERAGE TYPE

**WHAT TYPE OF COVERAGE ARE YOU APPLYING FOR?**

**Preventive Plan (if not enrolled in health plan)**

☐ Self Only ☐ Entire Family

**Select or Select Plus Plan (choose plan above)**

☐ Self Only ☐ Self & Spouse

☐ Self & Child(ren) ☐ Entire Family

☐ **ACCEPT COVERAGE**

X _____ _____

Signature is Required Date

## FOR EMPLOYER USE ONLY

Effective Date: _____ Received By: _____ Received Date: _____

Employer Name: _____ Group Number: _____

**Return To:**
Your Human Resources Department