

ENROLLMENT/CHANGE FORM — NY

Delta Dental of New York

VERY IMPORTANT — Please Print Legibly Enrollee Classification New Enrollment Marital Status Change Terminate Enrollee Coverage SN/Enrollee ID Number Correction or privious ID under vinich benefits are received Number Correction or privious ID under vinich benefits are received Number Correction or privious ID under vinich benefits are received Number Correction or privious ID under vinich benefits are received Number Correction or privious ID under vinich benefits are received Number Correction or privious ID under vinich benefits are received Number Correction or privious ID under vinich benefits are received Number Correction or privious ID under vinich benefits are received Number Correction or privious ID under vinich benefits are received Number Correction or privious ID under vinich benefits are received Number Correction or privious ID under vinich benefits are received Number Correction or privious ID under vinich benefits are received Number Correction or privious ID under vinich benefits are received Number Correction or privious ID under vinich benefits are received Number Correction or privious ID under vinich benefits are received Number Correction or privious ID under vinich benefits are received Number Correction or privious ID under vinich benefits are received Number Correction or privious ID under vinich benefits are received Number Correction or privious ID under vinich benefits are received Number Correction or privious ID under vinich benefits are received Number Correction or privious ID under vinich benefits are received Number Correction or privious ID under vinich benefits are received Number Correction or privious ID under vinich benefits are received Number Correction or privious ID under vinich benefits are received Number Correction or privious ID under vinich benefits are	Dolto Do	antal of Naw York					Effective Date	/ / Hire Date / /		
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New Enrollment	_·			VEI	RY IMPORTANT —	Please Print Legi	bly			
Primary Enrollee Information Social Security Number Birdlee ID Number (if applicable) Date of Birth Non-birary Make Pentals Single Married Status First Name Date Number Date of Birth Non-birary Make Pentals Single Married Status First Name Date Number Policy Holder Name (irrs/lase) Policy Hol	Enrollee/Change Information						E	nrollee Classification		
Add/Celete Dependent Address Change Other	g ,							☐ Full-Time ☐ Hourly ☐ Certified		
Security Number Enrollee ID Number of applicable Date of Birth Sender Marrial Status Single Marrial Status Termination Reduction in Hours Non-binary Male Female Single Marrial Status Middle Initial Single Marrial Status Discording Indian Female Discording India	□ Add/Dalata Danandant □ Address Changa □ Other								_	
Name Last Name Last Name Last Name Last Name Middle Initial Reduction in Hours Reduction in Hours DevereAcegal Separation* Widdle Initial Reduction in Hours DevereAcegal Separation* Widdle Initial Reduction in Hours DevereAcegal Separation* Widdle Initial DevereAcegal Separation* DevereAcegal Separation* DevereAcegal Separation* Widdle Initial DevereAcegal Separation*	Primary Enrollee Information							OBRA (if applicable)		
Name City State	Social Security Nu		•		Gender	Marital Status				
Mailing Address (Street) City State ZIP Code Widowed/Surviving Dependent* Dependent Child No Longer Eligible* Indicate qualifying date. Midowed/Surviving Dependent* Dependent Child No Longer Eligible* Indicate qualifying date. Midowed/Surviving Dependent* Dependent Child No Longer Eligible* Indicate qualifying date. Midowed/Surviving Dependent* Dependent Child No Longer Eligible* Indicate qualifying date. Midowed/Surviving Dependent* Dependent Child No Longer Eligible* Indicate qualifying date. Midowed/Surviving Dependent* Midowed/Surviving Dependent*	/ / /									
Email Address (Internal use only) Ponce Number	First Name Last Name Prioritial									
Name of Other Dental Carrier Policy Holder Name (first/last) Date of Birth Date of Birth Indicate qualifying date:	Mailing Address (Street)	City		State	ZIP Code				
Policy Holder Street Address Policy Holder Street Address City State ZiP Code Indicate qualifying date: Indicate qualifying date: Indicate qualifying date: Indicate qualifying date: If a dependent is enrolling under his/her social security number. Here SNo currently enrolled under must be provided. Policy Holder Street Address Dependent First Name (Last only if different from enrollee) Add / Term Social Security Number Date of Birth Non-birancy Student / Disabled** Name of School (overage student)** Policy Holder Street Address Add / Term Social Security Number Date of Birth Non-birancy Student / Disabled** Name of School (overage student)** Policy Holder Street Address Add / Term Social Security Number Date of Birth Non-birancy Student / Disabled** Name of School (overage student)** Policy Holder Street Address Add / Term Social Security Number Date of Birth Non-birancy Student / Disabled** Name of School (overage student)** Popendent Dependent Depend							☐ Depe	ndent Child No Longer Eligible*		
Effective Date of Other Policy / / Policy Holder Street Address Policy Holder Street Address City State ZiP Code Dependent Dependent Policy Policy Holder Street Address Policy Holder Policy Holder Address Policy Holder Address Policy Holder Policy Holder Address Policy Holder Address Policy Holder							Indicate qua	lifying date://		
Dependent Information Relationship Dependent First Name (Last only if different from enrollee) Add / Term Social Security Number Date of Birth Non-Dinary/ Male / Female Student / Disabled** Name of School (overage student)** Spouse Dependent Dependen	Policy Holder Street Address City State 7/P Code									
Relationship Dependent First Name (Last only if different from enrollee) Add / Term Social Security Number Date of Birth Neo binary/ Mule / Female New binary/		/ /								
Relationship (Last only if different from enrollee) Add / Term Social Security Number Date of Birth Male / Female Student / Disabled** Name of School (overage student)** Spouse	Dependent Information									
Dependent	Relationship		Add / Term Social S	Security Number	Date of Birth		Student / Disabled**	Name of School (overage student)**		
Dependent	Spouse				/ /					
Dependent	Dependent				/ /					
Dependent Dependent Depen	Dependent				/ /					
Please attach a separate sheet for additional dependent information. All dependents listed will be considered enrolled. **Additional documentation will be required for disabled and student status. I authorize any payroll deduction that may be required towards the cost of this coverage. I certify that the above information is true and correct to the best of my knowledge. I understand that changes can only be made during the annual open enrollment period unless I experience a qualifying family status change, in which case the change must be consistent with that event, or as may otherwise be provided by the group contract. I decline coverage at this time. 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.	Dependent				/ /					
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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.	☐ I declin	ne coverage at this time.								
Signature of Enrollee Date/ /	containing	any materially false information (or conceals for the purpos	e of misleading ii	nformation conce	rning any fact i	material thereto	o commits a fraudulent	ı <u>.</u>	
	Signature o	f Enrollee					Date	/ /		

FOR GROUP USE ONLY

Group No.

Division

State