DELTA DENTAL

# DENTAL ENROLLMENT FORM

**Group Number**

**4351**

***(to be completed by group)***

| **Sublocation (Choose One)** | | |
|---|---|---|
| ☐ | 10001 | RSD Active |
| ☐ | 11001 | RSD COBRA |
| ☐ | 10021 | Bethlehem Active |
| ☐ | 11021 | Bethlehem COBRA |
| **Reporting Codes (Choose One)** | | |
| ☐ | 100 | Teachers |
| ☐ | 200 | Retired Teachers |
| ☐ | 300 | Administrators |
| ☐ | 400 | Central Office |
| ☐ | 500 | IA |
| ☐ | 600 | Nurses |
| ☐ | 700 | Para-professionals |
| ☐ | 800 | Secretaries |
| ☐ | 900 | Cafeteria |

**Name of Group**

Regional School District #14

**Effective Date of Coverage**

_____ / _____ / _____

## GENERAL INFORMATION - THIS SECTION MUST BE COMPLETED - PLEASE PRINT CLEARLY

| **Name (Last) (First) (Middle)** | **Date of Birth** | **Social Security Number** |
|---|---|---|
| | _____ / _____ / _____ | |

| **Street Address** | **City, State, Zip** | **County** |
|---|---|---|
| | | |

| **Date of Employment** | **Type of Coverage** | **Marital Status** | **Home Telephone** |
|---|---|---|---|
| ____ / _____ / _____ | ☐ **Single** ☐ **Parent/Child**<br>☐ **Husband/Wife** ☐ **Parent/Children**<br>☐ **Family** | ☐ **Single**<br>☐ **Married**<br>☐ **Divorced/Separated** | **(  )**<br>**Email Address** |

| **Enrollment** | **First Name - Last Name** | **Social Security Number** | **Date of Birth** | **Full-Time Student** |
|---|---|---|---|---|
| **Subscriber** | | _____ - _____ - _____ | **/ /** | |
| **Spouse*** | | | **/ /** | |
| **Dependent** | | | **/ /** | ☐ **Yes** ☐ **No** |
| **Dependent** | | | **/ /** | ☐ **Yes** ☐ **No** |
| **Dependent** | | | **/ /** | ☐ **Yes** ☐ **No** |
| **Dependent** | | | **/ /** | ☐ **Yes** ☐ **No** |

*** If spouse has other dental coverage, please list name and address of employer and other carrier:**

**I hereby represent that all information furnished is true and complete to the best of my knowledge and authorize my employer to make any required deduction from my wages.**

_____ _____

**Subscriber Signature** **Date**

**Delta Use Only**

_____

**Entered**

_____

**Operator #**