



Please choose one:

\_\_07740-00001: LOW PLAN

\_\_07740-00002: HIGH PLAN

\_\_07740-00101: COBRA LOW

\_\_07740-00102: COBRA HIGH

Name of Employer

**Pascack Valley Regional  
High School District**

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

Phone & Email

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

- Single  
 Husband/Wife  
 Family  
 Parent/Child  
 Parent/Children

- Single  
 Married  
 Divorced/Separated

Phone # ( )

Email:

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

PPO, Premier, Advantage, Flagship: [eliginquiry@deltadentalnj.com](mailto:eliginquiry@deltadentalnj.com)