



Please choose one:

- ☐ 07783-00001: LAKEWOOD BOE (ACTIVE)
☐ 07783-00002: LAKEWOOD BOE (COBRA)
☐ 07783-00003: LAKEWOOD BOE (RETIREE)

Name of Employer

**LAKEWOOD BOARD OF
EDUCATION**

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

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 Dental Use Only

Entered

Operator #

PPO, Premier, Advantage, Flagship: eliginquiry@deltadentalnj.com