DELTA DENTAL®

SMALL BUSINESS PROGRAM ENROLLMENT/CHANGE FORM

EyeMed VISION CARE®

Enrollment guidelines (except for PPO Vol):

1. Eligible employees electing coverage for themselves must enroll following completion of their eligibility period. Employees who do not enroll **cannot enroll at a later time** unless they show proof of loss of prior coverage under another dental program.
2. Enrollees electing dependent coverage must enroll all eligible dependents. Enrollees declining dependent coverage **cannot enroll their dependents at a later time** unless the dependents show proof of loss of prior coverage under another dental program.

Policy Information

Company/Group Name	Delta Dental plan (check one) ☐ Delta Dental PPO℠ ☐ DeltaCare®USA	Employer #

Reasons For Addition/Change (check one)

☐ New hire
☐ Loss of coverage (provide proof — letter from prior carrier/employer)
☐ Domestic Partner
☐ Other (please explain) _____
☐ Part-time to full-time (give date of full-time start date)
☐ Fed-COBRA enrollment (provide termination date)
☐ Rehire (note rehire date) _____
☐ Dependent change (provide reason & date of qualifying event)
☐ Name or SS # correction (provide old and new number or SS #)
☐ Reinstatement

Comments:	Effective date:

Enrollee Information

Enrollee name (Last name, first name)	Social security number	Gender ☐M ☐F	Date of birth	Date of hire

Mailing address	City	State	ZIP	Phone

Dependents to be Enrolled or Deleted

Spouse/domestic partner name (last, first)	☐ Add ☐ Term	Gender ☐M ☐F	Date of birth	

Child name (Last, First)	☐ Add ☐ Term	Gender ☐M ☐F	Date of birth	If 19 years or older check one: ☐ Full-time student under 25* ☐ Disabled
	☐ Add ☐ Term	☐M ☐F		☐ Full-time student under 25* ☐ Disabled
	☐ Add ☐ Term	☐M ☐F		☐ Full-time student under 25* ☐ Disabled
	☐ Add ☐ Term	☐M ☐F		☐ Full-time student under 25* ☐ Disabled

***Provide proof of full-time student status**

DeltaCare USA Enrollees Must Fill Out This Section

Provider choice: Dental office ID #	Dental office city	Dental office name

Signature

Enrollee signature	Date

This form must be received no later than the 25th of the month prior to the desired effective date. Please allow 5 days to process.