

# Enrollment/ Change Form



**Delta Dental of New York**  
 One Delta Drive  
 Mechanicsburg, PA 17055  
 (800) 932-0783

*Please check the applicable box or boxes.*

**New enrollment**       **Address change**  
 **COBRA**                       **Change of dependents**  
 **Coverage change**       **Termination**  
 **Name change**               **Decline coverage**

*Please check the applicable box or boxes.*

**Delta Dental PPO<sup>SM</sup>**  
 **Delta Dental PPO plus Premier**  
 **DeltaCare<sup>®</sup> USA**

**Send this form to:**  
 Allied Administrators  
 PO Box 26908  
 San Francisco, CA 94126  
 (877) 472-2669  
 fax: (415) 874-3960

Primary Enrollee Social Security Number	Last Name	First Name	MI	Date of Birth	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Alternate Identification Number (if applicable)	Address (Is this a change of address?) <input type="checkbox"/> Yes <input type="checkbox"/> No		Street	City	State      Zip Code

<b>Group Number</b>	<b>Sublocation</b>	<b>Group Name</b>
DeltaCare USA Primary Care Dentist (required for DeltaCare USA enrollees)		DeltaCare USA Primary Dental Office ID No. (required for DeltaCare USA enrollees)

Change of Coverage

New Coverage: \_\_\_\_\_ Former Coverage: \_\_\_\_\_

Name Change

From: \_\_\_\_\_ To: \_\_\_\_\_

Dependent Change

Please check one of the boxes:       Add dependent(s) listed below       Delete dependent(s) listed below

Do you or your dependents have other dental coverage?  
 Yes     No    *If yes, please complete the following:*

Carrier Name and Address: \_\_\_\_\_  
 Group Number: \_\_\_\_\_

Last name (if different)	First Name	MI	Gender	Date of Birth	Social Security Number
Spouse / Domestic Partner			M F		
Children			M F		
			M F		
			M F		
			M F		

Date of Hire:	Effective Date:	Primary Enrollee Signature _____
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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.