



Enrollment Form

A. All Employees Must Complete This Section	Name of Firm Where Employed		Occupation		Date of Full-Time Employment		
	Employee Name Last First Middle			Phone Number (Home) ()			
	Home Address			City		State	Zip Code
	Social Security Number	Date of Birth	Age	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Not married		No. of Eligible Dependents

B. Complete if coverage is under DeltaCare	Please indicate dental office selected _____		Dental office number from Directory _____	
	View a list of DeltaCare dentists at WWW.Deltadentalca.org/directory click on DeltaCare Dentist (Preferred Providers for the PPO Plan may also be found at this website, click on DeltaPreferred Option)			

For Dual Choice Only Option		<input type="checkbox"/> DeltaCare		<input type="checkbox"/> MES Vision	
Please choose a dental plan (Must be a plan that your employer has selected)		<input type="checkbox"/> Delta DPO			

C. Complete For All Plans	DEPENDENT INFORMATION						
	Are you covering your dependents? <input type="checkbox"/> Yes (If yes, please complete the information below) <input type="checkbox"/> No (If no, please complete the Refusal Form)						
	Dependent Name Last First Middle			Relationship to You	Sex	Date of Birth Mo. Day Year	
	1.						
	2.						
	3.						
	4.						

I certify that my date of birth, date of full-time employment and other information on this form is correct and that I am working at the employer's place of business in a full-time capacity of at least 24 hours per week or as mirrors our health plan eligibility. I agree to continue my participation in the program while coverage is in force. I understand that, if enrolled in the DeltaCare plan selected by my employer, you may assign me to a dental provider if I have not indicated my selection above.

Your Signature in ink _____			Date: Month Day Year			
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FOR OFFICE USE ONLY	Process Date	Processed By:	Eff.Date	Dental Group #	Dental Code	.Vision Group #	Vision Code
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