Enrollment/ Change Form

Delta Dental of New Jersey, Inc
1639 Route 10
Parsippany, NJ 07054
800-624-2633

Please check the applicable box or boxes.

- ☐ **New enrollment**
- ☐ **Change of dependents**
- ☐ **Termination**
- ☐ **Decline Coverage**
- ☐ **Address change**
- ☐ **Coverage change**
- ☐ **Name change**
- ☐ **Continuation of Coverage**

Please check the applicable box or boxes.

Delta Dental Premier ™
Delta Dental PPO℠
Delta Dental PPO℠ plus Premier
Delta Dental Advantage Plus Premier

Delta Dental of New Jersey, Inc.

Primary Enrollee Social Security Number	Last Name	First Name	MI	Date of Birth	Gender ☐ Male ☐ Female
Alternate Identification Number (if applicable)	Address (Is this a change of address?) ☐ Yes ☐ No	Street / Email Address:	City	State	Zip Code

Group Number	**Sublocation**	**Group Name**

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

Continuation of Coverage

Coverage For ☐ Employee ☐ Dependents

Length of Continuation ☐ 18 Months ☐ 36 Months

Date of Loss of Coverage ______ Date of Qualifying Event ______

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 (if coverage applies)			☐ M ☐ F		
Children			☐ M ☐ F		
			☐ M ☐ F		
			☐ M ☐ F		
			☐ M ☐ F		
			☐ M ☐ F		

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

Employer Verification - *To Be Completed by Employer* The requested activity is believed eligible and is approved	Employer Signature	Title	Date

Any person who includes any false or misleading information on an application for dental benefits is subject to criminal and civil penalties.
The dental benefits contract does not include coverage of pediatric dental services that meet requirements of the federal Patient Protection and Affordable Care Act.