Enrollment/ Change Form

DELTA DENTAL®

Delta Dental of New Jersey
P.O. Box 16354
Little Rock, AR 72231
Email: eliginquiry@deltadentalnj.com

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 PPO℠
- ✓ Delta Dental PPO℠ plus Premier
- ☐ EHB

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	City	State	Zip Code
		Email Address:			

Group Number	Sublocation	Group Name
#09004-00001		Torcon, INC.

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

RESET

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.