

<b>Enrollment/Change Form</b>		<b>Open Enrollment</b>		<b>Delta Dental of New York</b> (717) 766-8500 (800) 932-0783 TTY/TDD (888) 373-3582 www.MidAtlanticDeltaDental.com	
Please check the applicable box or boxes: <input type="checkbox"/> New enrollment <input type="checkbox"/> Address Change <input type="checkbox"/> COBRA <input type="checkbox"/> Change of Dependents <input type="checkbox"/> Coverage Change <input type="checkbox"/> Termination <input type="checkbox"/> Name Change <input type="checkbox"/> Decline Coverage			<b>Delta Dental PPO</b>		
Primary Enrollee Social Security Number		Last Name		First Name	MI
Alternate ID Number (if applicable)		Date of Birth			
Address: Street		City		State	Zip Code
Group Number <b>09670</b>		Sublocation <b>0002</b>		Group Name <b>ONONDAGA-CORTLAND-MADISON BOCES</b>	
Check One: <input type="checkbox"/> Single Coverage <input type="checkbox"/> Family Coverage					
Change of Coverage New Coverage:    Former Coverage:					
Name Change From:    To:					
Dependent Change Please check one of the boxes: <input type="checkbox"/> Add Dependent(s) listed below <input type="checkbox"/> Delete the dependent(s) listed below					
Do you or your dependents have other dental coverage:    Carrier Name and Address:					
<input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, please complete the following:    Group Number:					
Family Member Information:					
Last Name		First Name		MI	Gender
Spouse					M    F
Children					M    F
					M    F
					M    F
					M    F
					M    F
Date of Hire:		Effective Date:		Primary Enrollee Signature	
		<b>01/01/26</b>			
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.					