

Enrollment/Change Form		Open Enrollment		Delta Dental of New York	
Please check the applicable box or boxes: <input checked="" 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			Delta Dental PPO		One Delta Drive Mechanicsburg, PA 17055 (717) 766-8500 (800) 932-0783 TTY/TDD (888) 373-3582 www.MidAtlanticDeltaDental.com
Primary Enrollee Social Security Number	Last Name	First Name	MI	Date of Birth	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Alternate ID Number <i>(if applicable)</i>	Address: Street		City	State	Zip Code
Group Number 09670	Sublocation 0003	Group Name ONONDAGA-CORTLAND-MADISON BOCES			
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
					M F
Date of Birth		Social Security Number			
Date of Hire:	Effective Date:	Primary Enrollee Signature			
	01/01/21				
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.					