

Enrollment/Change Form for the Philadelphia Area Independent Schools Insurance Group



Please check the applicable box or boxes.

New enrollment Address change
 COBRA Change of dependents
 Coverage change Termination
 Name change Decline Coverage

Please check the applicable box or boxes

Delta Dental PPO Plus Premier Basic
 Delta Dental PPO Plus Premier Enhanced
 DeltaCare® USA

Delta Dental of Pennsylvania

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
Address		Street	City	State	Zip Code

Group Number	Sublocation	Group Name
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DeltaCare USA Primary Care Dentist <i>(required for DeltaCare USA enrollees)</i>	DeltaCare USA Primary Dental Office ID No. <i>(required for DeltaCare USA enrollees)</i>
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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

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			M F		
Children			M F		
			M F		
			M F		
			M F		
			M F		

Date of Hire:	Effective Date:	Primary Enrollee Signature
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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. Enrollees whose company is headquartered in the state of New York and who commit a fraudulent insurance crime shall be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.