

Change Form



Delta Dental of New York

One Delta Drive
Mechanicsburg, PA 17055
(800) 932-0783
TTY/TDD (888) 373-3582
www.deltadentalins.com

Please check the applicable box or boxes.

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

Please check the applicable box or boxes.

- ☐ Delta Dental Premier®
- ☐ Delta Dental PPOSM
- ☐ Delta Dental PPO plus Premier
- ☐ DeltaCare® USA

Primary Enrollee Social Security Number		Last Name		First Name		MI		Date of Birth		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Alternate Identification Number (if applicable)		Address (Is this a change of address?) <input type="checkbox"/> Yes <input type="checkbox"/> No		Street		City		State		Zip Code	
Group Number		Sublocation		Group Name							
DeltaCare USA Primary Care Dentist (required for DeltaCare USA enrollees)				DeltaCare USA Primary Dental Office ID No. (required for DeltaCare USA enrollees)							
Change of Coverage											
New Coverage: Name Change From: _____ To: _____ Former Coverage: Dependent Change Please check one of the boxes: <input type="checkbox"/> Add dependent(s) listed below <input type="checkbox"/> Delete dependent(s) listed below											
Do you or your dependents have other dental coverage? <input type="checkbox"/> Yes <input type="checkbox"/> 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							

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.