DENTAL ENROLLMENT FORM

Please select one Delta Dental Plan:

☐ **07742-00001**
PPO Plus Premier Plan

☐ **07742-00002**
PPO Plus Premier Plan - Buy-Up

☐ **78998-00001**
DeltaCare® USA (14A)

Name of Employer	Effective Date of Coverage:
Seton Hall University	

GENERAL INFORMATION - THIS SECTION MUST BE COMPLETED - PLEASE PRINT CLEARLY

Name (Last) (First) (Middle)	Date of Birth	Social Security Number

Street Address, City, State, Zip	County

Date of Employment	Type of Coverage	Marital Status	Home Telephone
	☐ Single ☐ Parent/Child ☐ Husband/Wife ☐ Parent/Children ☐ Family	☐ Single ☐ Married ☐ Divorced/Separated	**Email Address**

Enrollment	First Name - Last Name	Social Security Number	Date of Birth	Full-Time Student
Subscriber				
Spouse*				
Dependent				☐ Yes ☐ No
Dependent				☐ Yes ☐ No
Dependent				☐ Yes ☐ No
Dependent				☐ Yes ☐ No

*** If spouse has other dental coverage, please list name and address of employer and other carrier:**

If choosing DeltaCare® USA, you must complete this section

	Choice of Dentist	Office Number	For Delta Use Only
1			
2			
3			

Optional choices will be selected if a provider terminates his/her participation agreement with DCUSA. I authorize the release to DCUSA Plans of all my treatment information as a DeltaCare USA subscriber and the treatment information of my dependent(s). I understand that I may change my primary Plan Participating Dentist by calling, on the website https://www.deltadentalins.com/deltacare , or in writing provided that a request for such change is received by DeltaCare USA by the 21st of the month. The change will be effective the first (1st) of the following month.

I hereby represent that all information furnished is true and complete to the best of my knowledge and authorize my employer to make any required deduction from my wages.

_____ _____
Subscriber Signature **Date**

Delta Use Only

_____
Entered

_____
Operator #

DeltaCare USA DMO (DCUSA) enrollment department email: Enrollment-ER@delta.org
Delta Dental of NJ (PPO Plus Premier) enrollment department email: eliginquiry@deltadentalnj.com