



DENTAL ENROLLMENT and CHANGE FORM

EMPLOYER: PLEASE COMPLETE THIS SECTION

Coverage Effective Date _____ Original date of hire ____/____/____

- New Employee
 Open Enrollment
 Address/name change
 Other _____
 Add dependent(s)
 Remove coverage
 _____Subscriber
 _____Dependent(s)

EMPLOYEE: COMPLETE THE FOLLOWING. PLEASE PRINT

Employee Name _____
(Last Name) (First Name) (M.I.)

Marital Status: Single Married Date Married: ____/____/____

Resident Address _____
(Street) (City) (State) (Zip)

Mailing Address (if different) _____

Home Phone (_____) _____ Work Phone (_____) _____

Select One Plan:

Group Number:

- | | |
|---|-------------|
| <input type="checkbox"/> Delta Dental Of Washington (WDS) | 00186-01210 |
| <input type="checkbox"/> Willamette Dental (Managed) | W081 |
| <input type="checkbox"/> DeltaCare (Managed) | 00188-00420 |

Health Plan Internal Use	Check One	PLEASE PRINT			Social Security Number	Gender	Birthdate (MM/DD/YY)	Relationship to Employee
		Last Name	First Name	M.I.				
	<input type="checkbox"/> Add <input type="checkbox"/> Keep <input type="checkbox"/> Remove	<i>Self</i>				M <input type="checkbox"/> F <input type="checkbox"/>		Self
	<input type="checkbox"/> Add <input type="checkbox"/> Keep <input type="checkbox"/> Remove	<i>Spouse/Domestic Partner</i>				M <input type="checkbox"/> F <input type="checkbox"/>		
	<input type="checkbox"/> Add <input type="checkbox"/> Keep <input type="checkbox"/> Remove	<i>Dependent</i>				M <input type="checkbox"/> F <input type="checkbox"/>		
	<input type="checkbox"/> Add <input type="checkbox"/> Keep <input type="checkbox"/> Remove	<i>Dependent</i>				M <input type="checkbox"/> F <input type="checkbox"/>		
	<input type="checkbox"/> Add <input type="checkbox"/> Keep <input type="checkbox"/> Remove	<i>Dependent</i>				M <input type="checkbox"/> F <input type="checkbox"/>		

 (Signature of Employee)

 Date Signed)

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

Please retain a copy for your records