Enrollment/ Change Form

DELTA DENTAL®

Delta Dental of Connecticut, Inc.
P.O. Box 16354
Little Rock, AR 72231
(800)452-9310 Fax: (973) 285-4142

Please check the applicable box or boxes.

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

Please check the applicable box or boxes.

	Subgroup#	***Plan Name***
☐	_____	**DeltaVision®**

Vision: Underwritten by Delta Dental of Connecticut, Inc. and administered by Vision Service Plan Insurance Company ("VSP")

Primary Enrollee Social Security Number	Last Name	First Name	MI	Date of Birth	Gender

Alternate Identification Number (if applicable)	Address (Is this a change of address?) ☐ Yes ☐ No	Street	City	State	Zip Code
		Email Address:			

Group Number	**Sublocation**	**Group Name**

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

Continuation of Coverage

Coverage For ☐ Employee ☐ Dependents

Length of Continuation ☐ 18 Months ☐ 36 Months

Date of Loss of Coverage		Date of Qualifying Event	

Do you or your dependents have other vision 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/Civil Union / Domestic Partner (if coverage applies)			☐ M ☐ F		
Children			☐ M ☐ F		
			☐ M ☐ F		
			☐ M ☐ F		
			☐ M ☐ F		

Date of Hire:	Effective Date:	Primary Enrollee Signature:	Date

Employer Verification - *To Be Completed by Employer* The requested activity is believed eligible and is approved	Employer Signature	Title	Date

Any person who includes any false or misleading information on an application for vision benefits is subject to criminal and civil penalties.
This contract does not include coverage of pediatric vision services that meet requirements of the federal Patient Protection and Affordable Care Act.

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