



Seattle
P.O. Box 75983 | Seattle WA 98175-0983
(206) 528-2406 or (800) 572-7835 x 2406

Spokane
611 N Iron Bridge Way, Suite 200 | Spokane, WA 99202-5011
(509) 535-1080 or (800) 564-8832

Form type selection: New, Change, Open Enrollment, COBRA, Reinstatement, Other (Check One)

Main enrollment form with fields for Employer or Group Name, Group Number, Subgroup, Hire Date, Effective Date, Social Security Number, First Name, Middle Initial, Last Name, Birthdate, Gender, Address, City, State, Zip, Phone Number, and Email Address.

Dependents

Please list all dependents to be covered:

Table with 8 columns: First Name, Middle Initial, Last Name, Birthdate, Gender, Add/Remove, Dependent Over Limiting Age Verification*, and Coordination of Benefits. Includes rows for Spouse or Domestic Partner** and multiple Dependent entries.

Coordination of Benefits

Do any of your dependents have other dental coverage? Y N If yes, please complete the section below.

Coordination of benefits form with fields for Employer Group Number and Name, Effective Date, Name and Address of Other Insurance Carrier, Social Security Number, First Name, Middle Initial, Last Name, Birthdate, and Gender.

COBRA Enrollment Only

COBRA enrollment form with fields for Indicate Qualifying Date and Indicate Qualifying Event (Termination, Reduction in Hours, Divorce, Widowed/Surviving Dependent, Dependent Child No Longer Eligible, Other).

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 (R.C.W. 48.135.080).

* The minimum limiting age is as defined by state and federal regulations.

** Domestic partners include state-registered partnerships and/or other domestic partners if specifically covered by group.

*** Documentation is required (pursuant to R.C.W. 48.44.210). To download the proof of incapacity and dependency form, visit the Delta Dental of Washington Web site at www.DeltaDentalWA.com/forms.

Signature

Date