



Group Enrollment Application
(New Enrollment/Changes to Enrollment)

Delta Dental of Virginia
4818 Starkey Road, Roanoke, VA 24018
(540) 989-8000 · (800) 237-6060
Fax: (540) 776-8109

IMPORTANT: Enrollment Application with incomplete or missing information will be returned.

THIS SECTION TO BE COMPLETED BY GROUP ADMINISTRATOR

Account Name: Effective Date:
Account No: Sub-Account No: Sub-Sub Account No:
Department: Benefit Plan ID:
Employment Status (choose one): Employee Type (choose one):

Section A: ENROLLMENT/CHANGE (For qualifying event provide date and reason)

Qualifying Event: ADD dependent, spouse, or domestic partner
Decline Coverage - I understand that I have been offered and have elected to decline coverage under my employer sponsored dental plan with Delta Dental at this time.

Date of Qualifying Event: Reason(s) for Qualifying Event

Section B: EMPLOYEE INFORMATION

Last Name, First Name, MI, Social Security Number, Group Assigned ID
Mailing Address, City, State, ZIP
Home Telephone, Date of Birth, Gender, Marital Status, Date of Hire, Number of Hours Worked Per Week
Email Address

Section C: COVERAGE

Product (check one): Coverage Type (check one)

Section D: LIST ALL MEMBERS TO BE ENROLLED/DROPPED BASED ON THE COVERAGE TYPE SELECTED

Table with columns: Last Name (if different), First Name, MI, SSN, Relationship, Gender (M/F), Date of Birth (MM/DD/YYYY). Includes Add/Drop checkboxes.

Section E: AUTHORIZATION AND CERTIFICATION

I authorize dentists, dental office personnel, and other health care professionals and entities to disclose to Delta Dental of Virginia, its agents and employees... I understand that my selection of coverage may be changed only during the open enrollment period of each year unless I experience a qualifying event...

Signature: Date:

Your privacy is important to Delta Dental of Virginia. We are committed to safeguarding your protected health information and are making every reasonable effort to ensure we maintain that information securely.

To learn more about how your dental information may be used and disclosed, and how you can get access to this information, please visit our website at DeltaDentalVA.com/privacypractices.aspx. To request a printed copy of the privacy notice, contact us at Delta Dental of Virginia, attention: Privacy Unit, 4818 Starkey Road, Roanoke, VA 24018 or by calling 800-237-6060.

Delta Dental of Virginia Privacy Practices

Protecting the privacy and confidentiality of information about our customers is very important to Delta Dental of Virginia. Accordingly, we strive to comply with each of the following practices.

Notice of Insurance Information Practices:

1. Personal information may be collected from persons other than an individual(s) proposed for coverage.
2. This information, as well as other personal or privileged information collected later, may, in certain circumstances, be disclosed to third parties without authorization.
3. You may access and correct all personal information that is collected.
4. You will be furnished a more complete explanation of our information practices upon request.

Notice of Financial Information Collection and Disclosure Practices:

1. Financial information collected or received in connection with an insurance transaction may, in certain circumstances, be disclosed to non-affiliated third parties.
2. The individual to whom the financial information pertains may direct that it not be disclosed except as provided by Virginia Code Section 38.2-613.
3. This right may be exercised at any time and remains in effect until the individual revokes it.
4. To direct that your financial information not be disclosed except as provided by Virginia Code Section 38.2-613, you may send a signed letter to that effect to us at the following address:

Delta Dental of Virginia
Benefit Services
Attn: Privacy Coordinator
4818 Starkey Road
Roanoke, Virginia 24018

5. A non-affiliated third party to whom financial information is disclosed may disclose it to any other person if disclosure would be permitted by Virginia Code Section 38.2-613.
6. We will furnish you a more complete explanation of our financial information collection and disclosure practices upon request. To receive a copy of this explanation, please (a) contact us at the address in paragraph 4 of this notice or (b) call us at 1-800-237-6060.