



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: Incomplete information will delay enrollment. Please print using a ball point pen, press firmly and print clearly.

Group Name: City of Hampton	Effective Date:
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Group No: 600163	Sublocation/Division No:
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Section A: ENROLLMENT/CHANGE

<input type="checkbox"/> New Enrollment	<input type="checkbox"/> ADD dependent/spouse	<input type="checkbox"/> Coverage Change	<input type="checkbox"/> Reinstatement
<input type="checkbox"/> Open Enrollment	<input type="checkbox"/> DROP dependent/spouse	<input type="checkbox"/> COBRA (Effective Date ___/___/___)	<input type="checkbox"/> Cancel Coverage
<input type="checkbox"/> Change/Update Information (Name <input type="checkbox"/> - Previous Name _____, Address <input type="checkbox"/> , Telephone <input type="checkbox"/> , Other <input type="checkbox"/>)			
			<input type="checkbox"/> Retiree

Section B: SUBSCRIBER INFORMATION

Last Name	First Name	MI	Social Security Number - -
Mailing Address (#, Street, Apt)		City	State ZIP
Home Telephone: ()	Date of Birth: / /	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married
Date of Hire: / /	Will your spouse or dependents have coverage under another group dental plan on the date this plan becomes effective? <input type="checkbox"/> No <input type="checkbox"/> Yes		

Section C: COVERAGE

Product/Plan (check one): <input type="checkbox"/> Delta Dental PPO plus Premier™ <input type="checkbox"/> Delta Dental PPO™ - EPO Plan	Coverage Type (check one): <input type="checkbox"/> Subscriber <input type="checkbox"/> Subscriber/Child <input type="checkbox"/> Subscriber/Children <input type="checkbox"/> Subscriber/Spouse <input type="checkbox"/> Subscriber/Family
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Section D: LIST MEMBERS TO BE ENROLLED/CHANGED

	Last Name (if different)	First Name, MI	Relationship	Sex (M/F)	Date of Birth (MM/DD/YY)	Other Dental Insurance Coverage: List Carrier (including Medicare), Policy #, Effective Date
<input type="checkbox"/> Add <input type="checkbox"/> Drop						
<input type="checkbox"/> Add <input type="checkbox"/> Drop						
<input type="checkbox"/> Add <input type="checkbox"/> Drop						
<input type="checkbox"/> Add <input type="checkbox"/> Drop						

Reason(s) for Enrollment/Change: Marriage Loss of other group coverage Divorce No longer dependent child Birth or adoption of child
 Death of spouse/dependent New Hire Other _____

Date of Qualifying Event: _____

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 (including, without limitation, its claims and customer service personnel) all information necessary to determine (1) eligibility for coverage and (2) covered benefits. This authorization is made for each individual to be enrolled or affected by this change. The authorization is valid for 30 months from the date this form is signed for underwriting purposes. The authorization is valid for the term of coverage for the purpose of collecting information in connection with claims for benefits. The applicant or the applicant's authorized representative is entitled to receive a copy of the authorization form.

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 listed under "Reasons for Change" in Section D. Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing false or deceptive statement may have violated state law. I certify that the information supplied by me on this form is accurate to the best of my knowledge.

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 800-234-6060.

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.