DENTAL ENROLLMENT FORM

Please select one Delta Dental Plan:

- ☐ 07742-00001 PPO Plus Premier Plan
- ☐ 07742-00002 PPO Plus Premier Plan - Buy-Up
- ☐ 78998-00001 DeltaCare® USA (14A)
- ☐ Waived Coverage

Name of Employer	Effective Date of Coverage:
Seton Hall University	

GENERAL INFORMATION - THIS SECTION MUST BE COMPLETED - PLEASE PRINT CLEARLY

Name (Last) (First) (Middle)	Date of Birth	Employee ID Number

Street Address, City, State, Zip	County

Date of Employment	Type of Coverage	Marital Status	Home Telephone
	☐ Single ☐ Husband/Wife ☐ Family ☐ Parent/Child ☐ Parent/Children	☐ Single ☐ Married ☐ Divorced/Separated	Email Address:

Enrollment	First Name - Last Name	Social Security Number	Date of Birth	Full-Time Student
Subscriber				
Spouse*				
Dependent				☐ Yes ☐ No
Dependent				☐ Yes ☐No
Dependent				☐ Yes ☐ No
Dependent				☐ Yes ☐ No

* If spouse has other dental coverage, please list name and address of employer and other carrier:

If choosing DeltaCare® USA, you must complete this section

	Choice of Dentist	Office Number	For Delta Use Only
1			
2			
3			

Optional choices will be selected if a provider terminates his/her participation agreement with DCUSA. I authorize the release to DCUSA Plans of all my treatment information as a DeltaCare USA subscriber and the treatment information of my dependent(s). I understand that I may change my primary Plan Participating Dentist by calling, on the website https://www.deltadentalins.com/deltacare , or in writing provided that a request for such change is received by DeltaCare USA by the 21st of the month. The change will be effective the first (1st) of the following month.

I hereby represent that all information furnished is true and complete to the best of my knowledge and authorize my employer to make any required deduction from my wages.

________________________________ Subscriber Signature

__________________ Date

Delta Use Only

____________ Entered

____________ Operator #

DeltaCare USA DMO (DCUSA) enrollment department email: Enrollment-ER@delta.org
Delta Dental of NJ (PPO Plus Premier) enrollment department email: eliginquiry@deltadentalnj.com