



MANUFACTURER'S ASSOCIATION

of Northwest Pennsylvania

A Professional Employer Resource



One Delta Drive, Mechanicsburg, PA 17055
 (717) 766-8500 (800) 932-0783
 TTY/TDD (888) 373-3582
 www.MidAtlanticDeltaDental.com

Please check the applicable box or boxes.

- New enrollment
 Coverage change
 Address change
 Termination
 COBRA
 Name change
 Change of dependents

Enrollment/Change Form

Dental Plan Option _____

Primary Enrollee Social Security Number	Last Name	First Name	MI	Date of Birth	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
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Address	Street	City	State	Zip Code
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Date of Hire	Group Number	Sublocation (if known)	Company Name
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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

Do you or your dependents have other dental 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				M F		
Children				M F		
				M F		
				M F		
				M F		
				M F		

Effective Date:	Primary Enrollee Signature
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