

ENROLLMENT FORM



Undergraduate Dental Program

Delta Dental of
New York

Please check the applicable box or boxes.

- New Enrollment
- COBRA
- Coverage change
- Name Change
- Address Change
- Change of dependents
- Termination
- Decline Coverage

Please check the applicable box or boxes.

- Delta Dental Premier®
- Delta Dental PPO
- Delta Dental PPO Plus Premier

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

Social Security Number	Last Name	First Name	MI	Date of Birth	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
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Rensselaer Identification Number	Address	Street	City	State	Zip Code
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GROUP NUMBER 00975	SUBLOCATION 0002	GROUP NAME RENSSELAER STUDENT DENTAL
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Date	Student Signature
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Please mail or fax this form to the RPI Student Health Center
110 8th St. 3200 Academy Hall Troy, NY 12180
Phone: (518)276-6287 Fax (518)276-8573

Any person who knowingly and with intent to defraud any insurance company or any other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.