Delta Dental

Delta Dental of New Jersey
P.O. Box 23700, Newark, NJ 07189-0001
(973) 285-4144

Dental Enrollment/Change Form

Egg Harbor Township Board of Education	Effective date of Coverage	Delta Dental Premier Plan Group #7131-0105

General Information- This section must be completed- Please print clearly

Name (Last, First, MI)	Date of Birth	Social Security Number

Address (number, street, city, state, zip code)

Date of Employment	____ Single ____ Parent/child ____ Husband/wife ____ Parent/children ____ Family	___ Single ___ Married ___ Divorced	Home Telephone Number

	Name (First, MI, Last)	A-add R-remove C-change	Date of Birth	Social Security Number
Employee				
Spouse				
Dependent				
Dependent				
Dependent				
Dependent				
Dependent				

I understand that any changes to my dependent status must be reported to my employer. I understand that children are covered until the end of the year in which they turn 23 years of age, provided they are dependent upon me for maintenance and support, are not married and do not have coverage of their own. If a dependent is a step-child or legal ward, I understand that I must complete an *Affidavit of Dependency* as available in my employer's human resource office. 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.

Employee Signature ______________________ Date ______________