



Delta Dental of Wisconsin State of Wisconsin – ETF Supplemental Dental Active Employee Enrollment Form

Please note that completing this form does not guarantee coverage

Plan Selection (Choose Preventive Plan and/or the Select or Select Plus Plan):

Delta Dental PPO Plus Premier™ – Preventive Plan (option only available if **not** enrolling in health plan)

Delta Dental PPO™ – Select Plan **OR** Delta Dental PPO Plus Premier™ – Select Plus Plan

COMPLETE THIS SECTION IF YOU ARE ACCEPTING, CHANGING, OR TERMINATING COVERAGE

EMPLOYEE LAST NAME	FIRST	M.I.	SOCIAL SECURITY NUMBER	DATE OF BIRTH M/D/Y	GENDER F M <input type="checkbox"/> <input type="checkbox"/>
HOME ADDRESS – STREET		CITY		STATE	ZIP
DATE OF HIRE					

LIST ALL ELIGIBLE FAMILY MEMBERS TO BE COVERED

LAST NAME (IF DIFFERENT)	FIRST	M.I.	GENDER		DATE OF BIRTH M/D/Y
			F	M	
SPOUSE			<input type="checkbox"/>	<input type="checkbox"/>	
CHILD/DEPENDENT			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	

REASON FOR SUBMITTING THIS FORM

NEW ENROLLEE REHIRE (Date: _____)

IF THIS IS FOR CHANGE, WHAT IS THE REASON? Date Occurred

Birth/Adoption (Name: _____) _____

Marriage/ Divorce _____

Add/ Drop Dependent (Name: _____) _____

Cancellation of Benefits (Reason: _____) _____

Loss of Dental Benefits _____

Name Change (Former Name: _____) _____

Address Change (_____) _____

Group Transfer (From _____ to _____) _____

COVERAGE TYPE

WHAT TYPE OF COVERAGE ARE YOU APPLYING FOR?

Preventive Plan (if not enrolled in health plan)

Self Only Entire Family

Select or Select Plus Plan

Self Only Self & Spouse

Self & Child(ren) Entire Family

ACCEPT COVERAGE

✕ _____ Date _____

Signature is Required Date

FOR EMPLOYER USE ONLY

Effective Date: _____ Received By: _____ Received Date: _____

Employer Name: _____