

## 800-537-1715 Corporate $\, \cdot \,$ 603-223-1230 Eligibility $\, \cdot \,$ 603-223-1252 Eligibility Fax

Delta Dental Plan of Vermont

## **DENTAL ENROLLMENT / CHANGE FORM**

PLEASE TYPE OR PRINT LEGIBLY - IN BLUE OR BLACK INK ONLY

Please send form to: Northeast Delta Dental PO Box 2002 Concord, NH 03302-2002 Web site: www.nedelta.com

| LAST NAME (SUBSCRIBER)   |  | Employee   |  |   |  |   |  |  |  |   |
|--|--|--|--|---|--|---|--|--|--|---|
|  | FIRST NAME   |  | SOCIAL   | SECU  | RITY/I.D.#   |   | GEND   |  | DATE OF BIRTI  | I (MM-DD-YYYY)  |
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| MAILING ADDRESS  |  | CITY   |  |   | SIAIE  | 2"  |  |  | ( )  | <i>o.</i>   |
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| MARITAL STATUS SINGL   | E MARRIED/C  | IVIL UNION PARTNER   | !  |   | E-MAIL   |   |  |  | -  |   |
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| ☐ OTHE   | R  |  |  | _   |  |   |  |  |  |   |
| 2. GROUP INFORMATION   |  |  |  |   |  |   |  |  |  |   |
| GROUP NAME   |  | STREET ADDRES  | SS. CITY. STATI  | E. ZIP  |  |   |  |  |  |   |
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| GROUP NUMBER   | SUBLOCATION NUMBER   | ₹  | DIVISION   |   |  |   |  | ľ  | MISC. INFO (I.e. :   | STORE LOC)  |
|  |  |  |  |   |  |   |  |  |  |   |
| EFFECTIVE DATE (MM-DD-YYYY)  | EMPLOYEE DATE OF HIS   | RE (MM-DD-YYYY)  | EMPLOYEE DA  | ATE O   | F REHIRE (MI   | M-DD-   | (YYY)  |  | -  |   |
| ,  |  | ,  |  |   |  |   |  |  |  |   |
|  | _  |  | •  | _   | _  |   |  |  |  |   |
| 3. REASON FOR ENROLLMENT/C   | HANGE:   |  |  |   |  |   |  |  |  |   |
|  | ·  | (MM-DD-YYYY  | 1  |   |  |   |  |  | <u> </u>   | _   |
| EXACT DATE OF STATUS CHANGE _  |  | (Manus 11)   | MISCELLAN  |   |  |   |  |  |  |   |
| ADD:   | DELETE:  |  |  | -   | Previous nam   |   |  |  |  | <del></del>   |
| New enrollment   | ☐ Annual open enrol  |  | - A.J.J.   |   | blocation:   |   |  |  |  |   |
| ☐ Annual open enrollment ☐ COBRA Due to:   | pariner pariner  | ge for spouse/civil unlo   | D Other:   | _   |  |   |  |  |  |   |
| ☐ Marriage/Civil union   | 1 '  | ne employement status  |  |   |  |   |  |  |  |   |
| ☐ B[rth ☐ Other:   | ☐ Divorce/Termination  |  |  | 1 51/6  | L REQUESTI   | ED  |  |  |  |   |
| ☐ Adoption*  | ☐ Deceased   |  |  |   |  |   | se/Civ   | il unic  | n partner 🖸 Em   | ployee & Child  |
| ☐ Employment change for spouse/civil ☐ No longer dependent for IRS purposes  |  |  |  | ☐ Employee & Child ☐ Employee & Spouse/Civil union partner ☐ Employee & Child ☐ Employee & Child ☐ Employee & Child |  |   |  |  |  |   |
| union partner  Depart-time to full-time employment state   | ☐ Retirement<br>us ☐ Other   |  | 1  |   |  |   |  |  |  |   |
|  |  |  |  |   |  |   |  |  |  |   |
| 4. DEPENDENT INFORMATION -   | List all dependents to   | be newly enrolled  | , or those de  | pendi   | ents who ar  | e affe  | cted t   | y an   | addition or de   | letion listed   |
| above in coction #2 If you are on  |  | - 11 - 4   | lependents, y  | oure  | other depen  | dents   | must   | have   | e coverage els   | ewhere.   |
| above in section #3. If you are en   | rolling some but not a   | an or your engine c  |  | _   |  |   |  |  |  | Check If  |
| Last Name  | rolling some but not a   | an or your engine o  |  |   | Dolationable   | .   | 40.06.5  | 2145   | Check if   | Donondontie   |
|  | rolling some but not a   | First Na   | me   | M.L.  | Relationshi<br>To Subscribe  |   | te Of E  |  | Check if<br>Dependent<br>under age 26  | Dependent is<br>Incapacitated   |
| Last Name  | rolling some but not a   |  | me   | M.I.  |  |   |  |  | Dependent  |   |
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| Last Name  | rolling some but not   |  | me   | M.L.  |  |   |  |  | Dependent  |   |
| Last Name  | rolling some but not   |  | me   | M.L.  |  |   |  |  | Dependent  |   |
| Last Name  |  |  | me   | M.I.  |  |   |  |  | Dependent  |   |
| Last Name<br>(If Different)  | od.  | First Na   | me   | M.I.  |  |   |  |  | Dependent  |   |
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## **A** DELTA DENTAL

This chart represents the level of coverage for services performed by dentists who participate in the Delta Dental Premier network. Employees and their eligible dependents are free to visit any dentist, participating or nonparticipating. Visit our Web site at www.nedelta.com for an updated list of participating dentists. Your Northeast Delta Dental program includes all of the following coverage categories. This chart is provided for summary purposes only; certain benefit limitations may apply. Please refer to your benefit booklet for complete benefit information. In the event of a conflict or discrepancy between the chart and either the group contract or the benefit booklet, the contract or benefit booklet will prevail.

## Engineers Construction, Inc. #8986-0100

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| Diagnostic/Preventive<br>Coverage A  | Basic<br>Coverage B   | Major<br>Coverage C  | Orthodontics<br>Coverage D  |
|--|---|--|---|
| Deductible: None   | Lifetime Deductible: \$100 l  | Per Person (\$300 Per Family)  | Deductible: None  |
| Waiting Period: None   | Waiting Period: 6 Months  | Waiting Period: 12 Months  | Waiting Period: 24 Months   |
| Covered at *100%   | Covered at *80%   | Covered at *50%  | Covered at *50%   |
| Diagnostic: Evaluations twice in a 12-month period  X-rays (Complete series or panoramic film) once in a | Restorative: Amalgam (silver) fillings Composite (white) fillings for anterior teeth only Oral Surgery: | Prosthodontics: Removable and fixed partial dentures (bridge); complete dentures  Rebase and reline (dentures) | Orthodontics:<br>Correction of crooked teeth<br>for adults and children |
| 3-year period  | Surgical and routine extractions  | , ,  |   |
| Bitewing x-rays once in a 12-month period  | Endodontics:<br>Root canal therapy  | Crowns Onlays  |   |
| X-rays of individual teeth as necessary  | Periodontics: Periodontal maintenance (cleaning)  | Implants   |   |
| Oral cancer screening once in a 12-month period  | Four cleanings are covered in a 12-month period; this can be  |  |   |
| Preventive:<br>Cleanings four in a 12-month<br>period  | routine (Coverage A) or Periodontal (Coverage B), in any combination.                                   |  |   |
| Fluoride twice in a 12-month   | Treatment of gum disease  |  |   |
| period to age 19  Space maintainers to age 16  | Clinical Crown Lengthening once per lifetime per site   |  |   |
| Sealant application to permanent molars, once in a three year period per tooth for children to age 19    | Denture Repair: Repair of a removable denture to its original condition                                 |  |   |
| tor contacen to age 19   | Emergency Palliative<br>Treatment   |  |   |
| Calendar Year Maximu   | ges A, B and C combined)  | Orthodontic Lifetime<br>Maximum: \$1,000 Per Person  |   |

Dental's allowance for nonparticipating dentists.