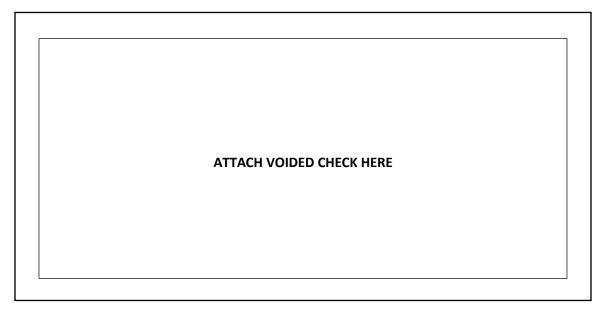


## **RETIREE CONVERSION ENROLLMENT FORM**

Delta Dental of Oklahoma | PPO – Point of Service Plan

## **Retiree Information**

Name	Date of Retirement	Gender: 🗆 Male 🗖 Female	
Mailing Address		Date of Birth	
City	State	Zip	
Social Security Number	Email		
Home Phone Number	Mobile Phone Number	Mobile Phone Number	
Plan Selection and Dependent Enrollmer	nt		
Plan Type (select one):  Retiree	Retiree + 1 (spouse or one child)	Retiree + Family	
List all dependents to be enrolled (complete			
Spouse Name	Date of Birth	Gender: 🛛 Male 🗖 Female	
Dependent Child Name	Date of Birth	Gender: 🛛 Male 🗖 Female	
Dependent Child Name	Date of Birth	Gender: 🗆 Male 🗖 Female	
Dependent Child Name	Date of Birth	Gender: 🛛 Male 🗖 Female	
Dependent Child Name	Date of Birth	Gender: 🗆 Male 🗖 Female	
Billing and Payment			
Automatic Draft <sup>+</sup> Options (select one):	Monthly* 🛛 Annual**		
Financial Institution	Branch		
Account Number	Bank Routing Number		
Type of Account (select one): D Checking	□ Savings		
applied to that month's premium. **Initial premium will be drafted from your account in year and applied to the next year's premium. Termination Requirement: Please note that you must pro	mediately upon approval of this application. Subseque nmediately upon approval of this application. Subseque the subsequence of this application.	uent drafts will be made on the 5th of each month and quent annual drafts will be made on December 20th each ental of Oklahoma prior to requested termination date.	
	njure, defraud, or deceive any insurer, provides false inf	ormation herein and makes any claim for the proceeds of an	
Acknowledgement and Authorization: By clicking the sub acknowledge I have read the Privacy Policy. To cover the c authorize Delta Dental to draft my designated account un	mit button, I agree to continue coverage as provided in cost of my dental benefits for which I have made reques til further notice. I understand and agree that failure to result in the termination of my coverage effective on th	make funds available in sufficient amounts to cover the cost ne paid-through date reflected in DDOK records at the time	
Retiree's Signature:			
	il to: Delta Dental of Oklahoma	Broker/Agent Code (five or six digits)	
Fax to: 405-607-2157	Attn: Individual and Family Services		
Email to: INDY@DeltaDentalOK.org	PO Box 54709 Oklahoma City, OK 73154		



## Individual Privacy Policy Delta Dental of Oklahoma

All companies that are part of the Delta Dental Plan of Oklahoma family of companies (referred to in this Privacy Policy as "Delta Dental") believe that personal information collected about our customers, subscribers, potential customers, and proposed subscribers (referred to collectively in this Privacy Policy as "Customers") must be treated with the highest degree of confidentiality.

For this reason, and in compliance with the Gramm-Leach-Bliley Act of 1999, and HIPAA, Delta Dental has developed a privacy policy that applies to all employees, officers, directors, agents, brokers, and to any other transaction Delta Dental conducts which may contain your confidential information.

**INFORMATION WE COLLECT** - We collect and maintain personal, nonpublic information we receive from Customers directly through applications, claims, enrollment forms, our websites and over the telephone or in person, from providers, agents, clearinghouses and government agencies. This information includes, for example, your name, address, Social Security Number, date of birth and claim information. We use this information to process our Customers' requests and transactions, provide Customers with additional information about new products, and to comply with federal and state laws.

**UTILIZATION OF INFORMATION** - Delta Dental has, and will continue to utilize non-affiliated third parties to conduct certain functions of our business to provide our Customers with services and products. We do this by allowing access to certain nonpublic personal information about our Customers and their transactions. Access to this information is restricted to individuals who require it in order to service Customer accounts or provide information to our Customers, and as permitted by law. Delta Dental reserves the right to disclose this information in these and other circumstances as allowed or required by law. HOWEVER, under no circumstances will we sell information about our Customers or their account to any unaffiliated company, group, or individual without our Customers' permission.

**OUR SECURITY** - We maintain physical, electronic, and procedural safeguards to protect the information we collect about our Customers. We consider this nonpublic personal information to be confidential and treat it as such. The personnel who have access to this information are trained in the proper handling of such information. Employees who violate this strict level of confidentiality are subject to our disciplinary process. While we do make available certain nonpublic personal information to non-affiliated third parties in order to service Customer accounts, all information is strictly governed by confidentiality and security agreements to protect our Customers; therefore, our Customers' confidential information is protected. If you terminate your coverage, Delta Dental will adhere to the information practices as described in this notice.

If you have questions about our Privacy Policy, please do not hesitate to contact your Delta Dental representative at 405-607-2100 (OKC Metro) or 800-522-0188 (Toll Free).