

Email to: INDY@DeltaDentalOK.org

RETIREE CONVERSION ENROLLMENT FORM

Delta Dental of Oklahoma | PPO – Point of Service Plan

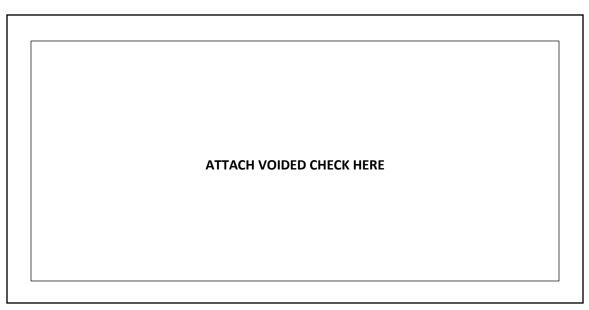
Retiree Information

Name		Date of Retirement
Mailing Address		Date of Birth
City	State	Zip
Social Security Number	Email	
Home Phone Number	Mobile Phone	e Number
Plan Selection and Depender	nt Enrollment	
Plan Type (select one): ☐ Retire	e Retiree + 1 (spouse or one child)	Retiree + Family
List all dependents to be enrolled	(complete for spouse and/or all dependent child	ren under 23 years of age)
Spouse Name		Date of Birth
Dependent Child Name		Date of Birth
Dependent Child Name		Date of Birth
Dependent Child Name		Date of Birth
Dependent Child Name		Date of Birth
Billing and Payment		
Automatic Draft [†] Options (select	one): Monthly* Annual**	
Financial Institution	Branch	
Account Number	Bank Routing	Number
Type of Account (select one): □	Checking Savings	
*Initial premium will be drafted from y and applied to that month's premium. **Initial premium will be drafted from year and applied to the next year's p Termination Requirement: Please note	n your account immediately upon approval of this applic premium. that you must provide a minimum of 30 days written noti	space provided on the next page. ation. Subsequent drafts will be made on the fifth (5th) of each month cation. Subsequent annual drafts will be made on December 20th each ce to Delta Dental of Oklahoma prior to requested termination date.
Warning: Any person who knowingly, an		ovides false information herein and makes any claim for the proceeds of an
acknowledge I have read the Privacy Poli authorize Delta Dental to draft my design of my dental benefits for which I have mo of such failure. I understand my Individual hereby consent to such delivery/adminis the future by providing Delta Dental of Co understand and agree that declining con consent, shall result in a paper delivery/a	icy. To cover the cost of my dental benefits for which I have nated account until further notice. I understand and agree ade request shall result in the termination of my coverage al Dental Policy and all communications and notices (renew stration. Further, I understand my consent to the electronic Delahoma with written notice of intent to rescind such consent to electronic delivery/administration of my Individual	as provided in the Individual Policy issued by Delta Dental of Oklahoma and a made request, and for which I am or may become insured, I hereby that failure to make funds available in sufficient amounts to cover the cost effective on the paid-through date reflected in DDOK records at the time val, delinquency, and/or termination) shall be provided electronically, and a delivery/administration may be declined initially, or may be rescinded in sent at least 30 days prior to the rescission effective date. I further Dental Policy and benefits thereunder initially, or future rescission of such ich shall be added to the monthly automatic draft of my designated all.
Submission Information	Mail to: Delta Dental of Oklahoma	Broker/Agent Code (five or six digits)
Fax to: 405-607-2157	Attn: Individual and Family S	ervices

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).