



### Delta Dental of Oklahoma General Change Form for Groups

Please complete any of the following applicable updates for your group. If you are making changes, please ensure this form is signed by an authorized group contact.

\* Group Name (Legal Business Name) \_\_\_\_\_ Group Number \_\_\_\_\_

DBA, if applicable \_\_\_\_\_

**List any changes to Legal Business Name and/or DBA**

1) If you do not currently have access to Online Resources, **would you like to be set-up on Online Resources?**

Yes  No

*\*If you answered Yes to question number 1, please complete the Application for Online Resources.*

2) Please use the space provided to **add a new contact to your group plan**, if applicable. If adding additional contacts, please use the back of this form to complete the required information.

Group Contact	<b>Provide Access To (list all that apply)</b>	
<b>Email</b>	Telephone	Facsimile

Group Contact	<b>Provide Access To (list all that apply)</b>	
<b>Email</b>	Telephone	Facsimile

3) Please use the space provided to **remove a contact or contacts from your group plan**, if necessary. If removing additional contacts, please use the back of this form to complete the required information.

Group Contact
Group Contact

4) Please use the space provided to **update your group's address**, if applicable.

Mailing Address		
City	State	Zip Code

\* **EFFECTIVE DATE OF CHANGE(S):** \_\_\_\_\_

I, \_\_\_\_\_, an authorized representative for \_\_\_\_\_, hereby  
*(Name)* *(Group Name)*

authorize the above changes to be made to my group and/or group dental benefits plan.

\* Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*REQUIRED FIELD