



Patient Direct Enrollment Form

Please select which enrollment type you would like to chose.

- You must live in the state of Oklahoma to enroll
- You must be over 18 years old to join

<input type="checkbox"/> Individual
<input type="checkbox"/> Family

www.DeltaDentalOK.org

SEE REVERSE SIDE OF THIS FORM FOR PRIVACY POLICY STATEMENT

This is not an insured product

Employer: _____

GROUP#/SUBGROUP# LOCATION CODE

□ □ □ □ □ - □ □ □ □ □ □ □ □ □ □

Enrollee Information: (please complete in ink for enrollment/eligibility updates)								
LAST NAME		FIRST NAME			(M.I.)	SUFFIX	SEX <input type="checkbox"/> M <input type="checkbox"/> F	MARTIAL STATUS <input type="checkbox"/> M <input type="checkbox"/> S
SOCIAL SECURITY NUMBER □ □ □ - □ □ - □ □ □ □ □		BIRTH DATE	FULL-TIME HIRE DATE	EFFECTIVE DATE				
ADDRESS								
CITY				STATE	ZIP	CHECK HERE IF THIS IS A NEW ADDRESS <input type="checkbox"/>		

E-MAIL: _____

Type of Enrollment Update	
<input type="checkbox"/> NEW ENROLLMENT <input type="checkbox"/> REINSTATEMENT <input type="checkbox"/> QUALIFYING EVENT <input type="checkbox"/> OPEN ENROLLMENT <input type="checkbox"/> TERMINATION OF EMPLOYMENT AS OF ____ - ____ - ____	<input type="checkbox"/> CHANGE IN CURRENT ENROLLMENT STATUS FOR: <input type="checkbox"/> ENROLLEE <input type="checkbox"/> DEPENDENTS REASON FOR CHANGE: <input type="checkbox"/> DIVORCE <input type="checkbox"/> MARRIAGE <input type="checkbox"/> NAME CHANGE <input type="checkbox"/> ADOPTION/LEGAL GUARDIANSHIP* <input type="checkbox"/> OTHER _____

By signing this form, I agree to continue enrollment as provided by the contract between my Employer and Delta Dental of Oklahoma and acknowledge I have read the privacy policy detailed on the back of this form.

Enrollee's Signature: _____ Date: _____

Please read the following information carefully before completing this form. You should fill out this form if you are enrolling in this program or update/changing any information from an earlier enrollment. If you have any questions about filling out this form, your human resources or personnel department can help you.

Enrollee Information - This section must be completed in order to process your enrollment or update your records. All information in this section should apply to you, the primary enrollee. Please print clearly in ink.

Full-Time Hire Date: The date you were hired with your employer.

Effective Date: The date Delta Dental enrollment takes effect for you (and/or your dependents, if enrolled).

Enrollment/Eligibility Update Information - This section should only be completed if you are: (1) enrolling yourself or a family member for the first time, or (2) if your enrollment was terminated and is not being reinstated or (3) if you are making changes to your current enrollment information.

New Enrollment: Check for first time enrollment for yourself or your eligible dependents.

Reinstatement: Check for reinstatement enrollment for yourself or your eligible dependents.

Termination of Benefits: Check only if you are terminating Delta Dental enrollment for yourself or a family member.

PRIVACY POLICY

DELTA DENTAL PATIENT DIRECT

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, enrollees, potential customers, and proposed enrollees (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, 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, enrollment forms, over the telephone or in person and through our website, from providers and agents. This information includes, for example, your name, address, Social Security number, and date of birth.

We use this information to process our Customers requests, 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 services 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 Customer's 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 Customer's confidential information is protected.

If you terminate your enrollment, Delta Dental will adhere to the information practices as described in this notice. If you have any questions about our Privacy Policy, please do not hesitate to contact your Delta Dental representative at **(800) 522-0188 or 405-607-2100 (in the Oklahoma City metropolitan area).**

Public information

Issued 8/23/04
Delta Dental Patient Direct
3.5 Revised 6/5/09