



INDIVIDUAL AND FAMILY CHANGE FORM
Delta Dental of Oklahoma

Primary Subscriber Information

Last Name First Name Middle Initial
Social Security Number Date of Birth (MM/DD/YYYY)

Plan Change Request

Reason for Change (select one): [] Change of Dependent(s) [] Change of Plan [] Change of Payment Frequency

Requested Future Effective Date (MM/DD/YYYY)

Frequency (select one): [] Monthly [] Annual

Plan Selection (select one):

Change requests received on or after the 19th of the month will be processed for the first (1st) of the next month's effective date. For example, for a change request submitted on or before April 18 will be processed for May 1. Earliest possible effective date for change forms submitted on April 19 would be June 1.

Table with 3 columns: 2023 MONTHLY PREMIUM, [] Delta Dental PPO, [] Delta Dental PPO - Point of Service. Rows include Individual, Individual + Spouse, Individual + Child(ren), and Family.

Additional information regarding plan designs is available at DeltaDentalOK.org/CoversMe

Plan Type (select one): [] Individual [] Individual + Spouse [] Individual + Child(ren) [] Family

Dependent Information

List all dependents to be enrolled (complete for spouse and/or all dependent children under 26 years of age).

Spouse First and Last Name Date of Birth (MM/DD/YYYY)
Dependent Child First and Last Name Date of Birth (MM/DD/YYYY)
Dependent Child First and Last Name Date of Birth (MM/DD/YYYY)
Dependent Child First and Last Name Date of Birth (MM/DD/YYYY)

If your plan needs to cover more dependents, please proceed, entering as many dependents as this change form will allow. Upon completion, please submit your enrollment to Indy@DeltaDentalOK.org with the names and dates of birth of the additional dependents to add to your plan.

I agree to continue coverage as provided in the Individual Policy issued by Delta Dental of Oklahoma and acknowledge I have read the Privacy Policy. To cover the cost of my dental benefits for which I have made request, and for which I am or may become insured, I hereby authorize Delta Dental to draft my designated account until further notice. I understand and agree that failure to make funds available in sufficient amounts to cover the cost of my dental benefits for which I have made request shall result in the termination of my coverage effective on the paid-through date reflected in DDOK records at the time of such failure. Warning: Any person who knowingly, and with intent to injure, defraud, or deceive any insurer, provides false information herein and makes any claim for the proceeds of an insurance policy containing any false, incomplete, or misleading information is guilty of a felony. I understand my Individual Dental Policy and all communications and notices (renewal, delinquent and/or termination) regarding my policy and benefits will be delivered/administered electronically and hereby consent to such electronic delivery/administration. I understand that such consent to electronic delivery/administration may be declined initially, or may be rescinded in the future by providing Delta Dental of Oklahoma with written notice of intent to rescind such consent at least 30 days prior to the rescission effective date. Further, I acknowledge that failure to consent initially to electronic delivery/administration of the Select group dental plan, or future rescission of consent shall result in a \$15.00 monthly paper delivery/administration fee, which shall be added to the monthly automatic draft of my designated personal bank account or payable by personal check or money order if paying annual premium in full.

Applicant Signature: _____ Date: _____

Submission Information

Fax to: 405-607-2157 | Email to: Indy@DeltaDentalOK.org

Mail to: Delta Dental of Oklahoma, Attn: Individual and Family Specialist, 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).