



## Update Form for Individual and Family Dental Plans

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: M F

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Social Security #: \_\_\_\_\_ E-mail: \_\_\_\_\_ Phone #: \_\_\_\_\_

### Program Selection (Choose one)

☐ **Delta Dental Premier – Choice**  
Group #4903

#### Program Type (Choose one)

- ☐ Individual  
☐ Individual + 1 (Spouse or one child)  
☐ Individual + Family

☐ **Delta Dental PPO – Point of Service**  
Group #4905

#### Program Type (Choose one)

- ☐ Individual  
☐ Individual + 1 (Spouse or one child)  
☐ Individual + Family

### Delta Dental Patient Direct

#### To enroll:

Visit [www.PatientDirect.net](http://www.PatientDirect.net)

or

Call 877-433-5821 (Toll Free)

Note: Do not use this application form

List all dependents to be enrolled (Please complete for spouse and/or all dependent children under 19 years of age.)

Spouse Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth (DOB): \_\_\_\_\_

Child Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Sex: \_\_\_\_\_ DOB: \_\_\_\_\_

Child Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Sex: \_\_\_\_\_ DOB: \_\_\_\_\_

Child Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Sex: \_\_\_\_\_ DOB: \_\_\_\_\_

Will this plan replace existing dental coverage? ☐ Yes ☐ No (If Yes, submit copy of current coverage & effective dates.)

Bank Draft (EFT): ☐ Monthly\* ☐ Annual Payment by EFT Draft ☐ Annual Payment in Full by Check

Bank Account Type: ☐ Checking ☐ Savings

Bank Name: \_\_\_\_\_

Bank Routing Number: \_\_\_\_\_

Bank Account Number: \_\_\_\_\_

(Please attach a voided check to application. Only applies for electronic payments.)

\*Initial premium will be drafted from your account immediately upon approval of this application. Subsequent drafts will be made on the 21st of each month and applied to the next month's premium.

**Termination Requirement:** Please note that you must provide a minimum of 30 days written notice to Delta Dental of Oklahoma prior to requested termination date.

**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.

**Acknowledgement and Authorization:** By signing this form, I agree to continue coverage as provided in the Individual Dental Policy issued by Delta Dental of Oklahoma and acknowledge I have read the privacy policy detailed on the back of this form. 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 personal bank account until further notice. In lieu of a DDOK automatic draft of my designated personal bank account, I shall have the option of payment in full, in advance, for each annual coverage period commencing on the effective date of my individual coverage, such payment to be made by check or DDOK automatic draft of my designated account. Regardless of the payment method I elect, 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.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Mail to:

Delta Dental of Oklahoma  
Attn: Client Services  
PO Box 54709  
Oklahoma City, OK 73154

### Fax to:

405-607-2157  
Attn: Client Services

### Broker/Agent Code

(6 digits)

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#### **Coverage Effective Date**

When valid enrollment documentation and payment are received by DDOK on the 1st through the 20th day of the month, coverage will be effective the first day of the month immediately following receipt of such. When valid enrollment documentation and payment are received by DDOK on the 21st through the last day of the month, coverage will be effective the first day of the second month. Example: Enrollment documentation/payment received January 5, 2010 – coverage effective date is February 1, 2010; enrollment documentation/payment received January 23, 2010 – coverage effective date is March 1, 2010.

#### **Payment Election**

**Bank Draft (EFT) Monthly** – Check this payment election if you wish DDOK to automatically draft the monthly cost of your individual policy from your designated personal bank account. The designated account number and a voided check are required if electing this payment method.

**Bank Draft (EFT) Annually** – Check this payment election if you wish DDOK to automatically draft the annual cost of your individual policy from your designated personal bank account. The designated account number and a voided check are required if electing this payment method.

**Annual Payment in Full by Check** - Check this payment election if you wish to pay the annual cost of your individual policy by personal check payable to DDOK. This check will be processed electronically in our system and then voided.

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#### **Delta Dental of Oklahoma Individual Privacy Policy**

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 HIPPA, 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 website, 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 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 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 (800) 522-0188 or 405-607-2100 (in the Oklahoma City metropolitan area).

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2.3 Revised 6/5/09*