DELTA DENTAL

Application for Individual Dental Coverage

Please send completed application to:
Delta Dental of Oklahoma
P.O. Box 103
Stevens Point, WI 54481

PLEASE TYPE OR PRINT IN BLACK INK
BE SURE APPLICATION IS COMPLETED IN FULL
Customer Service: 888-899-3736
www.DeltaDentalCoversMe.com

Section 1 | Policyholder Information

Last Name	First Name	Middle Initial	Male/Female

Home Address (Mailing)	City	State	ZIP	Phone No. (with area code)

Email Address*	Date of Birth	Marital Status: ☐ Single ☐ Married

**By providing my email address, I agree to receive communications regarding my Policy and benefits electronically. This authorization may be revoked on the website www.DeltaDentalCoversMe.com or in writing to the address listed above. For a full explanation of your rights, see www.DeltaDentalCoversMe.com/esignature-and-ueta-policies.*

Requested Future Effective Date: ___/01/20___ (Applications received on or after the 25th, see Section 3 for payment requirements.)

Plan Selection

☐ Federally Compliant Plan – High ☐ Delta Dental PPO**
☐ Federally Compliant Plan – Low

To learn more about plan designs visit www.DeltaDentalCoversMe.com or call 888-899-3736.
*****This plan design requires that the policyholder be a covered person.***

Employment Status: ☐ Employed ☐ Self-employed ☐ Retired ☐ Not currently working

Reason for Application: ☐ New Enrollment ☐ Change of Dependent(s)

Section 2 | Persons to be covered

(Include YOURSELF if applying for coverage under plans that require the policyholder to be covered)

First Name	Last Name	Date of Birth	Relationship to Policyholder (Self, Spouse, or Dependent)	Gender M/F	Disabled Child Y/N

Policies issued in the State of Oklahoma are underwritten by:
Delta Dental of Oklahoma, NAIC # 53937, PO Box 54709, Oklahoma City, OK 73154-1709.
All policies are administered, at least in part, by Delta Dental of Wisconsin and/or its subsidiary, Wyssta Services.

Section 3 | Payment Instructions

To calculate rates please visit www.DeltaDentalCoversMe.com or call 888-899-3736.

A debit/credit card or EFT (Electronic Funds Transfer) may be used to pay monthly, semi-annually or annually. If paying by check, remittance for the full calendar year premium is required, payable to Delta Dental of Oklahoma. If enrolling after January 1, the premium required will be for the remainder of the calendar year. *For example, enrollees as of April 1 would remit payment for the remaining nine months of the year.*

Choose payment method: ☐ Debit/Credit Card ☐ Annual Check ☐ EFT

Applications received on or after the 25th of the month must use a credit card if requesting a first of the following month effective date. If EFT payment is selected, your effective date will be adjusted to the first of the next month. Following the initial premium payment, your payment type can be updated at any time by logging in to www.DeltaDentalCoversMe.com or by calling 1-888-899-3734.

Please complete the following information for payment by Debit/Credit Card:

Card Type: ☐ Visa ☐ MasterCard ☐ Discover

Cardholder Name:_____

Cardholder Address (if different than Policyholder):_____

City:_____ State: _____ ZIP Code:_____

Card Number:_____

Expiration Date: Month _____ Year _____ Security Code (from back of card): _____

Payment Frequency: ☐ Monthly ☐ Semi-annually ☐ Annually

Please complete the following information for payment by EFT:

Name of Financial Institution:_____

Financial Institution's City, State & ZIP Code: _____

Type of Account (Choose One): ☐ Checking ☐ Savings Name on Account:_____

Bank Routing Number:_____ Bank Account Number:_____

Please attach a voided check to this application if you will be using your checking account for automatic payments.

I authorize Delta Dental of Oklahoma to initiate debit entries from my above bank account or Debit/Credit card for my dental premiums.

Signature: _____ Date: _____

Your initial payment is due when the application is processed. Additional payments for upcoming periods will be deducted from your account on the month prior to its due date. If the charge is declined for any reason, we will attempt to charge you again the following month. If the charge is still declined, we will immediately terminate your contract for nonpayment of premium, effective as of the last day of the grace period.

In submitting this application to Delta Dental of Oklahoma for dental coverage, I agree and understand that this application will become part of the Policy and I agree to be bound by the terms of the Policy issued by Delta Dental of Oklahoma. I understand that this is a contract under which I am obligated to pay premium for the term of the contract. I further agree that the coverage requested is subject to the approval of Delta Dental of Oklahoma and that no representative has authority to make changes or modify this application for coverage.

I certify that all of the information contained in this application is true and correct to the best of my knowledge. I further understand that misrepresentation of submitted data may cause this application and subsequent Policy to be null and void. In the event it is discovered that I have provided false or misleading information in connection with this application for the purpose of defrauding Delta Dental of Oklahoma, Delta Dental shall inform the appropriate state and regulatory authorities, including, but not limited to, my state's insurance commissioner. It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

The Policy will become effective on the first day of the month following approval of this application.

_____ _____

Policyholder Signature **Date**

Coverage is contingent upon underwriting acceptance

Agency/Broker Use Only	*Agency Name or Code:*		*Agent/Broker Name:*		*Agent/Broker #:*	

Delta Dental of Oklahoma

Privacy Policy

All companies part of the Delta Dental 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, Delta Dental has developed a Privacy Policy that applies to all employees, officers, directors, agents, brokers, and to any other transaction Delta Dental has which may contain your confidential information.

Information We Collect - We collect and maintain personal, nonpublic information we receive from Customers directly, through applications, enrollment forms, our website and claims filed with Delta Dental. 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 claims, 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 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 the group plan is terminated or if you terminate your coverage, 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) 5220188 or 405-607-2100 (in the Oklahoma City metropolitan area).

Nondiscrimination and Language Assistance Services

Delta Dental complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Delta Dental does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Delta Dental provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats) Provides free language and service to people whose primary language is not English, such as:
- Qualified interpreters
- Information written in other languages

If you need these services, contact Delta Dental's Customer Service at: 1(888)899-3734, TTY: 711.

If you believe that Delta Dental has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Compliance Manager, PO Box 103 Stevens Point, WI 54481, Ph: 1(715)344-6087, TTY: 711, Fx: (715) 344-9058 or by email at: compliance_wi@deltadentalwi.com. You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, our Compliance Manager is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington DC 20201, 1-800-868-1019, 800537-7697 (TDD). Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

Shqip (Albanian)	KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-888-899-3734 (TTY: 711).
አማርኛ (Amharic)	ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጅተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ 1-888-899-3734 (መስማት ለተሳናቸው: 711).
العربية (Arabic)	ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 711-(رقم هاتف الصم والبكم: 1-888-899-3734).
Ikirundi (Bantu – Kirundi)	ICITONDERWA: Nimba uvuga Ikirundi, uzohabwa serivisi zo gufasha mu ndimi, ku buntu. Woterefona 1-888-899-3734 (TTY: 711).
বাংলা (Bengali)	লক্ষ্য করুনঃ যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নিঃখরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন ১-888-899-3734 (TTY: ১-711)।
[illegible] (Burmese)	သတိပြုရန် - အကယ်၍ သင်သည် မြန်မာစကား ကို ပြောပါက၊ ဘာသာစကား အကူအညီ၊ အခမဲ့၊ သင့်အတွက် စီစဉ်ဆောင်ရွက်ပေးပါမည်။ ဖုန်းနံပါတ် 1-888-899-3734 (TTY: 711) သို့ ခေါ်ဆိုပါ။
ខ្មែរ (Cambodian)	ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតឈ្នួល គឺអាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ 1-888-899-3734 (TTY: 711)។
tsalagi gawonihisdi (Cherokee)	Hagsesda: iyuhno hyiwoniha [tsalagi gawonihisdi]. Call 1 – 888-899-3734 (TTY: 711)
繁體中文 (Chinese)	注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-888-899-3734（TTY：711）
Oroomiffa (Oromo)	XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-888-899-3734 (TTY: 711).
Français (French)	ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-888-899-3734 (ATS : 711).
Kreyòl Ayisyen (French Creole)	ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-888-899-3734 (TTY: 711).
Deutsch (German)	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-888-899-3734 (TTY: 711).
Ελληνικά (Greek)	ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-888-899-3734 (TTY: 711).
ગુજરાતી (Gujarati)	સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-888-899-3734 (TTY: 711).
हिंदी (Hindi)	ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-888-899-3734 (TTY: 711) पर कॉल करें।

Hmoob (Hmong)	LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-888-899-3734 (TTY: 711).
Bahasa Indonesia (Indonesian)	PERHATIAN: Jika Anda berbicara dalam Bahasa Indonesia, layanan bantuan bahasa akan tersedia secara gratis. Hubungi 1-888-899-3734 (TTY: 711).
Italiano (Italian)	ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-888-899-3734 (TTY: 711).
日本語 **(Japanese)**	注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-888-899-3734（TTY:711）まで、お電話にてご連絡ください
한국어 **(Korean)**	주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-888-899-3734 (TTY: 711)번으로 전화해 주십시오.
èdè Yorùbá (Yoruba)	AKIYESI: Ti o ba nso ede Yoruba ofe ni iranlowo lori ede wa fun yin o. E pe ero ibanisoro yi 1-888-899-3734 (TTY: 711).
Igbo asusu (Ibo)	Ige nti: O buru na asu Ibo asusu, enyemaka diri gi site na call 1-888-899-3734 (TTY: 711).
ພາສາລາວ (Lao)	ໂປດຊາບ: ຖ ້ າວ ່ າ ທ ່ ານເວ ົ ້ າພາສາ ລາວ, ການບ ໍ ລ ິ ການ ຊ ່ ວຍເຫ ຼ ືອດ ້ ານພາສາ, ໂດຍບ ່ ໍ ເສ ັ ຽຄ ່ າ, ແມ ່ ນມ ີ ພ ້ ອມໃຫ ້ ທ ່ ານ. ໂທຣ 1-888-899-3734 (TTY: 711).
Diné Bizaad (Navajo)	D77 baa ak0 n7n7zin: D77 saad bee y1n7[ti'go **Diné Bizaad**, saad bee 1k1'1n7da'1wo'd66', t'11 jiik'eh, 47 n1 h0l=, koj8' h0d77lnih 1-888-899-3734 (TTY: 711.)
नेपाली (Nepali)	ध्यान दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छ । फोन गर्नुहोस् 1-888-899-3734 (टिटिवाइ: 711) ।
Thuɔŋjaŋ (Nilotic – Dinka)	**PIŊ KENE**: Na ye jam në Thuɔŋjaŋ, ke kuɔny yenë kɔc waar thook atö̱ kuka lëu yök abac ke cïn wënh cuatë piny. Yuɔpë 1-888-899-3734 (TTY: 711)
Deitsch (Pennsylvania Dutch)	Wann du [Deitsch (Pennsylvania German / Dutch)] schwetzscht, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-888-899-3734 (TTY: 711).
ﻯﺱﺭﺎﻓ (Farsi)	**توجه**: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با (TTY: 711) 1-888-899-3734 تماس بگیرید.
Polski (Polish)	UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-888-899-3734 (TTY: 711).

Português (Portuguese)	ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-888-899-3734 (TTY: 711).
ਪੰਜਾਬੀ **(Punjabi)**	ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 1-888-899-3734 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ।
Русский (Russian)	ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-888-899-3734 (телетайп: 711).
Srpsko-hrvatski (Serbo-Croatian)	OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-888-899-3734 (TTY- Telefon za osobe sa oštećenim govorom ili sluhom: 711).
Español (Spanish)	ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-899-3734 (TTY: 711).
Kiswahili (Swahili)	KUMBUKA: Ikiwa unazungumza Kiswahili, unaweza kupata, huduma za lugha, bila malipo. Piga simu 1-888-899-3734 (TTY: 711).
ܐܬܘܪܝܐ **(Assyrian)**	ܙܘܗܪ̈ܐ: ܐܢ ܐܢܬܘܢ ܟܐ ܡܡܠܠܝܬܘܢ ܠܫܢܐ ܐܬܘܪܝܐ، ܬܫܡܫܝ̈ܬܐ ܕܗܝܪܬܐ ܕܠܫܢܐ ܟܐ ܡܨܝܬܘܢ ܕܡܩܒܠܝܬܘܢ ܒܠܫܢܐ ܕܡܬܢܛܪܐ ܡܓܢܢܐܝܬ. ܩܪܘ ܥܠ ܡܢܝܢܐ 1-888-899-3734 (TTY: 711)
Tagalog (Tagalog – Filipino)	PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-888-899-3734 (TTY: 711).
ภาษาไทย (Thai)	เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-888-899-3734 (TTY: 711).
اُردُو (Urdu)	خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں ۔ کال کریں 1-888-899-3734 (TTY: 711).
Українська (Ukrainian)	УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 1-888-899-3734 (телетайп: 711).
Tiếng Việt (Vietnamese)	CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-888-899-3734 (TTY: 711).