

Reinstatement Request Form

DELTA DENTAL OF OKLAHOMA

Group Name: _____

Group Number: _____

Reinstatement Date: _____

Reinstatement requests will be implemented on the first of the month following date of termination, if corresponding reinstatement requirements are met. All delinquency reinstatement requests will be reviewed by the Delta Dental of Oklahoma (DDOK) Finance department.

Select applicable reinstatement option and complete the corresponding information:

- Underwriting Non-Compliance Reinstatement** – Enclose additional [Enrollment Form\(s\)](#) to meet minimum participation requirements.
- Reinstatement for Group Requested Termination** – Reason for Reinstatement _____
- Delinquency Reinstatement** – DDOK’s Delinquency Policy requires account review for reinstatement consideration. You will receive a status update within five (5) business days. If approved, reinstatement requirements are:

To be completed by DDOK Finance department only		
<input type="checkbox"/>	Remit back due premiums (calculated by DDOK finance): \$_____	
<input type="checkbox"/>	Enclose completed Automatic Draft Authorization	
<input type="checkbox"/>	DDOK Finance Approval: _____	
	Name	Title
		Date

As an authorized representative for the above listed Group, I hereby authorize the reinstatement of my organization’s group dental benefits plan(s) for the requested reinstatement date. I understand it is the responsibility of the Group to submit written notification to Delta Dental of Oklahoma if account information and/or contact access should be changed or terminated.

Employer’s Authorized Name (please print) Title

Employer’s Authorized Signature Date

Submit Completed Forms to ClientRelations@DeltaDentalOK.org for processing.

Delinquency Reinstatement requests will be reviewed by Finance within five (5) business days. Approved delinquency and all other reinstatement requests will be processed within five (5) business days of receipt.

Should you have questions or need additional information, please do not hesitate to contact your broker or our **Client Relations** team at ClientRelations@DeltaDentalOK.org, 405-607-4777 (OKC Metro) or 866-503-4294 (Toll Free) Monday – Thursday 7:00 a.m. – 6:00 p.m. and Friday 7:00 a.m. – 5:00 p.m.