AARP® | **Dental Insurance Plan**
administered by DELTA DENTAL
Delta Dental Insurance Company

Delta Dental Insurance Company

Enrollment Application

Mail completed form with payment to:
AARP Dental Insurance Plan
c/o Delta Dental Insurance Company
P.O. Box 2059
Mechanicsburg, PA 17055-0759

Delta Dental Use Only

Auth. Code	Check/ Charge	Date Processed	Amount	Eff. Date	Sub Group	Processed By

Authorized Agent Use Only

National Provider #	Delta Dental Broker #
Agent First Name	Agent Last Name

AARP Member Number	*Applicant*	
	Date of Birth MM/DD/YYYY	*Sex M/F*

A. Applicant

This section must be completed. You must be an AARP member to enroll. Please print clearly.

Last Name | First Name | MI

Street Address

City | State | Zip Code

( )

Daytime Telephone | E-mail Address

B. Family Members

Complete this section if you are enrolling your spouse, domestic partner and/or your family member(s). You must enroll eligible family members at the time of enrollment; within 90 days of your initial enrollment; or within 31 days of a qualifying event.

	First Name	Last Name	Sex M/F	Birthdate MM/DD/YYYY	Disabled? Yes/No?
Spouse, Domestic Partner:					
Child:					

C. Dental Insurance Rates

Please check your preferred enrollment option, billing option, plan option and payment method below. You must pay your initial enrollment payment by check, money order or credit card.

Enrollment Option

- ❑ Member Only
- ❑ Member + One
- ❑ Family (three or more)

Payment Method

- ❑ Plan A ❑ Plan B

Billing Option

- ❑ Annually ❑ Semi-Annually ❑ Quarterly
- ❑ Monthly EFT (Monthly Electronic Funds Transfers are processed on the 25th of each month. Include your first two months' payment and a blank, voided check with this form.)

Payment Method

- ❑ Check/money order **(Please make payable to Delta Dental Insurance Company)**
- ❑ Visa®/MasterCard #_____ Exp. Date_____
- ❑ American Express #_____ Exp. Date_____

Amount Paid $ _____

_____

Name as it appears on credit card

_____

Signature (for credit card payment only)

Enclose initial payment based on the selected payment option and coverage in the chart below.

Note: *If you select EFT monthly, enclose two times the monthly rate and a voided check to begin enrollment.*

	Plan A			Plan B		
Payment Frequency	Single	Two Person	Family	Single	Two Person	Family
EFTMonthly	$52.33	$103.34	$157.16	$36.76	$72.31	$102.77
Quarterly	$156.18	$308.46	$469.17	$109.74	$215.85	$306.75
Semi-Annually	$310.80	$613.80	$933.48	$218.40	$429.54	$610.44
Annually	$621.48*	$1,227.48*	$1,866.60*	$432.24	$850.32	$1,208.64

*Annual payment option includes a dental accident benefit.

The rates are valid for enrollees whose coverage begins before 12/1/12.

For members who enroll after this date, please call toll-free 1-866-583-2085 for current information.

D. Authorization

I have read the information contained in this application and choose to enroll. I understand the benefits and restrictions of the AARP Dental Insurance Plan as stated to me and/or explained in the material provided with the application. I understand that my enrollment is subject to receipt of payment and verification of funds. Eligibility will begin on the first day of the month following receipt of the enrollment form. I understand that the Electronic Funds Transfer (EFT) for the monthly payment option will be automatically deducted from my bank account. I understand that, if I choose to discontinue my enrollment, I will not be eligible to re-enroll within a 12-month period following termination. I hereby certify that the information contained in this application is true and complete.

X_____

Applicant Signature Date

Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Underwritten by Delta Dental Insurance Company. Delta Dental Insurance Company pays a fee to AARP and its affiliate for use of the AARP trademark and other services. Amounts paid are used for the general purposes of AARP and its members.