DELTA DENTAL

CHANGE FORM

Delta Dental of Tennessee
240 Venture Circle
Nashville, TN 37228-1699
Telephone 800-223-3104

SOCIAL SECURITY NUMBER

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GROUP NUMBER 5319 **SUBLOCATION NUMBER**

001 – Active
002 – Head Start (10 month)
003 - Retiree

GROUP NAME SHELBY COUNTY GOVERNMENT

FIRST NAME	M	LAST NAME

If adding or dropping a dependent(s) ONLY, please check applicable box below for each person.

ADD	DROP	FIRST NAME & M.I. (LAST NAME IF DIFFERENT)	SEX M	SEX F	BIRTH DATE	REASON	EFFECTIVE DATE
		SPOUSE:					
		CHILD:					
		CHILD:					
		CHILD:					
		CHILD:					

CHANGE NAME: From: _____ To: _____

CHANGE ADDRESS: To: _____

CHANGE SUBLOCATIONS: From: _____ To: _____ Effective Date: _____

OTHER: _____

☐ **CANCEL COVERAGE** **TERMINATION DATE:** _____

I agree to complete proper forms and provide proof of relationship (i.e., birth certificate, marriage license, etc.) to add/delete eligible or ineligible dependents, as required. I agree to make the required contribution. I certify that the information contained in this form is true and correct to the best of my ability.

SIGNATURE:_____ DATE:_____

For Office Use Only	EIN:	Entered By:	Effective Date:	Comments: