

Purdue University Voluntary Dental Plan Enrollment Form

Underwritten by Delta Dental Plan of Indiana. Administered by USI Affinity, 1 (866) 787-3838.

Select Your Coverage: (Please check one.)

- Delta Dental PPO Point of Service Plan
- Delta Dental PPO Standard Plan _____
- Terminating Coverage (used only during open enrollment. Applicable only if already enrolled)

Who Will Be Covered: (Please check one, and then enter dependent information on the back of this form.)

- Enrollee only
- Enrollee and spouse or same-sex domestic partner (SSDP)
- Enrollee and children
- Enrollee and family

(If you are enrolling a spouse, children and/or SSDP, please complete the dependent information requested on the reverse side of this form.)

Enrollee Information: (Please print.)

Name _____
(Last, first, middle initial)

Purdue Identification No. (required) _____ Birth Date _____ Male Female
(mm/dd/yyyy)

Street Address _____ Home Phone _____

City _____ State _____ ZIP _____ E-mail Address _____
(optional)

Enrollment Status: (Please check one.)

- Annual open enrollment. (Coverage will be effective January 1.)
- New hire. Hire date: _____ (Coverage will be effective the first day of the following month.)
- Change in Family Status (Please see other side.)
- Already employed, but recently appointed to a position eligible for dental. Appointment date: _____

Employment Status: (Please check one.)

- Regular faculty or staff position
- Graduate student employee with at least a 50% FTE position
- Official retiree
- Disabled and approved for long term disability benefits
- COBRA participant
- Employed with Purdue Research Foundation or Purdue Alumni Office
- Fellowship recipient or a combination fellowship/grad student employee appointment
- Other Please explain: _____

• Please see the reverse side for more important information about dental insurance and mailing instructions.

Note: Because this plan is administered in accordance with IRS Section 125 regulations, your selection is **binding** for the remainder of the 2009 calendar year, unless you have a qualified change in family status.

Enrollee's Signature _____ Date _____

Dependent Information: (If you have more than four dependents, please attach an additional sheet.)

Spouse/SSDP's Name _____

(Last, first, middle initial)

Birth Date _____ (mm/dd/yyyy)

Male Female

Dependent #1's Name _____

(Last, first, middle initial)

Birth Date _____ (mm/dd/yyyy)

Male Female

Dependent #2's Name _____

(Last, first, middle initial)

Birth Date _____ (mm/dd/yyyy)

Male Female

Dependent #3's Name _____

(Last, first, middle initial)

Birth Date _____ (mm/dd/yyyy)

Male Female

Dependent #4's Name _____

(Last, first, middle initial)

Birth Date _____ (mm/dd/yyyy)

Male Female

After making your selections, please make a copy of your completed enrollment form for your records. Then submit the original and, if applicable, a Payroll Deduction Authorization form to:

Purdue Voluntary Benefits Program--USI/Plan Administrator—P.O. Box 505---Matawan, N.J. 07747

If you have questions about dental plan coverage or the status of a dental claim, please contact Delta Dental Plan of Indiana at 1(800) 524-0149.

If you wish to make a change to your dental coverage due to a **Change in Family Status** (CIFS), please complete a Dental CIFS Form and send it to USI Affinity at the address shown above. The CIFS form can be downloaded from the Staff Benefits Web site at www.purdue.edu/hr/pdf/CIFS_Form.pdf.

Our Web site (www.purdue.edu/hr/Benefits/dental.htm) provides several additional items of information that will assist you with your dental plan—both while enrolling and after your coverage is in effect. Some of the items available include:

- Dental plan summaries
- Lists of dentists currently participating in Delta's PPO provider network
- Guidelines on determining the usual and customary fees that Delta will cover
- Payroll Deduction Authorization Form
- Bank Account Deduction Authorization Form (for retired, disabled, or COBRA faculty and staff and for fellows)

REMINDER: Did you sign your enrollment form on the other side?

REMEMBER to include the Payroll Deduction Authorization form if applicable.