

Purdue University Voluntary Dental Plan

New Enrollment Form *(Use this form for NEW ENROLLMENT ONLY)*

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

Select Your Coverage: (Please check one.)

Option 1 (DPO Point of Service Plan- Group #5186)

Option 2 (DPO Standard Plan- Group #9824)

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

Enrollee only

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

Enrollee and children

Enrollee and family

Enrollee Information: (Please print)

Name _____
(Last, first, middle initial)

Purdue ID # _____ Birth Date _____ Male Female
(mm/dd/yyyy)

Street Address _____ Home Phone _____

City _____ State _____ Zip _____ Email Address _____
(optional)

Enrollment Status: (Please check one.)

New Hire DOH: _____ *(Coverage will be effective the first day of the following month.)*

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

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

Spouse/ SSDP's Name _____
(Last, first, middle initial)

Birth Date _____ Male Female

Dependent #1's Name _____
(Last, first, middle initial)

Birth Date _____ Male Female

(Over, Please)

Dependent #2's Name _____
(Last, first, middle initial)

Birth Date _____ Male Female

Dependent #3's Name _____
(Last, first, middle initial)

Birth Date _____ Male Female

Dependent #4's Name _____
(Last, first, middle initial)

Birth Date _____ Male Female

Enrollee's Signature _____ **Date** _____

Important Information:

Please submit your completed enrollment form and a Payroll Deduction Authorization form to:

**Purdue Voluntary Benefits Program
USI Affinity/ Plan Administrator
P.O. Box 505
Matawan, NJ 07747**

(Do not send your enrollment form to Purdue University Staff Benefits.)

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.

Our Web site 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
- Frequently asked questions about the dental plan
- Lists of dentists currently participating in Delta's provider network
- Guidelines on determining the usual and customary fees that Delta will cover
- Payroll Deduction Authorization Form
- Bank Draft Authorization Form (for retired, disabled, or COBRA faculty and staff and for fellows)

To access this information, visit www.purdue.edu/hr/dental.htm.