



DENCAP Dental Plans Request Form - CHANGE/DELETE

- Any changes/deletions made on this form are to be made to the Subscriber's account listed on line #1.
- This form is **NOT** for adding New Subscribers. Please use an Enrollment Form if adding New Subscribers.
- Changes that do not affect your billing (name, address, telephone number etc.) may be submitted by calling or e-mailing DENCAP Dental Plans.

TODAY'S DATE: ___/___/20___

REASON FOR CHANGE: Open Enrollment Qualifying Event

SUBSCRIBER'S INFORMATION: Required Information, this section MUST be completed

LAST NAME

FIRST NAME

INITIAL

1. SUBSCRIBER'S NAME:

2. SUBSCRIBER'S SOCIAL SECURITY NUMBER OR DENCAP MEMBER NUMBER:

DELETE SUBSCRIBER: Complete this section ONLY if you are DELETING the Subscriber

DELETE THE SUBSCRIBER (Listed above on line #1)

Any enrolled family members are also deleted with the deletion of the subscriber.

Skip to the Group Administrator Section below then Mail, Fax or Email form to DENCAP.

CHANGES TO EXISTING SUBSCRIBER ACCOUNT

ADD OR DELETE SPOUSE AND/OR DEPENDENTS TO THE SUBSCRIBER'S ACCOUNT (Listed above on line #1)

List additional dependents on reverse side.

CHECK THE BOX(S) THAT APPLY		FIRST NAME	LAST NAME	DATE OF BIRTH			Qualified Disabled Dependent	SEX	SOCIAL SECURITY NUMBER	
				MONTH	DAY	YEAR				
<input type="checkbox"/> ADD <input type="checkbox"/> DELETE	SPOUSE							<input type="checkbox"/> M <input type="checkbox"/> F	-	-
<input type="checkbox"/> ADD <input type="checkbox"/> DELETE	DEPENDENT						YES <input type="checkbox"/>	<input type="checkbox"/> M <input type="checkbox"/> F	-	-
<input type="checkbox"/> ADD <input type="checkbox"/> DELETE	DEPENDENT						YES <input type="checkbox"/>	<input type="checkbox"/> M <input type="checkbox"/> F	-	-
<input type="checkbox"/> ADD <input type="checkbox"/> DELETE	DEPENDENT						YES <input type="checkbox"/>	<input type="checkbox"/> M <input type="checkbox"/> F	-	-

CHANGE PLAN: Write the name of your NEW plan here (Plan changes can only be made during open enrollment)

PLAN NAME:

GROUP ADMINISTRATOR SECTION: Required information, this section MUST be completed

3. COMPANY NAME OR GROUP NUMBER: _____

4. DESIRED EFFECTIVE DATE (SELECT ONLY ONE): DELETE SUBSCRIBERS ADD SUBSCRIBERS DELETE AND ADD SUBSCRIBERS

Please TERMINATE coverage on the LAST DAY of MONTH: _____ YEAR: _____

Please START coverage on the FIRST DAY of MONTH: _____ YEAR: _____

To ensure that your termination will be effective for the previous month or your addition will be effective for the current month, please submit by the 10th of the current month. In some cases, effective dates can be processed for a previous date when received later than the 10th of the month, but are not guaranteed. If an invalid date or no date is entered in the desired effective date field, the earliest date possible will be used.

5. ADMINISTRATOR SIGNATURE: _____ TITLE: _____ DATE: _____
REQUIRED

6. EMPLOYEE SIGNATURE: _____ DATE: _____
OPTIONAL

Group Administrator: Please retain a copy of completed form for your records

• If submitting electronically, type your name in the administrator signature box.
(Your e-mail to DENCAP serves as a binding signature.)