



Rocky Mountain Health Plans
 2775 Crossroads Blvd.
 PO Box 10600
 Grand Junction, CO 81502-5600

**ROCKY MOUNTAIN HEALTH PLANS VOLUNTARY GROUP DENTAL PLAN
 ENROLLMENT & STATUS CHANGE FORM**

4D

Please PRINT or TYPE. Be sure form is completed in full for accurate enrollment.

ENROLEE INFORMATION (One form must be completed per person)

1. Group Name: Rocky Mountain Health Plans	2. Group Number: 7515	3. Effective Date (mm/dd/yyyy):	
4. Medicare Claim #:	5. Date of Birth:		
6. Last Name (subscriber):	7. First Name:	8. Phone # (with area code):	
9. Street Address:	10. City:	11. State:	12. Zip Code:

PLAN SELECTION

13. Plan: Yes, I choose to elect coverage in the **Delta Dental PPOSM Plus Premier** plan. <\$20> Monthly Premium.

REASON FOR SUBMISSION (Check one)

14. Enrollment: <input type="checkbox"/> New Enrollment <input type="checkbox"/> Cancel Coverage	15. Change Type: <input type="checkbox"/> Change Name From: _____ To: _____ <input type="checkbox"/> Change Address From: _____ To: _____
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16. Signature of Subscriber: _____ Date: _____

It is unlawful to knowingly provide false, incomplete, or misleading facts to Delta Dental of Colorado to defraud or attempt to defraud Delta Dental. Penalties may include imprisonment, fines, denial of insurance, and/or civil damages. Report any insurance company or agent thereof who knowingly provides false, incomplete, or misleading facts to Delta Dental participants for the purpose of defrauding the participants regarding their insurance benefits to the Colorado Division of Insurance, 303-894-7499 or 1-800-930-3745.

FOR DDCO USE ONLY

Group #: 7515	Effective Date:	Billing Code:	Account Executive: Ron Rueger
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Other Providers are available in our network.

Medicare has neither reviewed nor endorsed this information.

RMHP is a Medicare-approved Cost plan. Enrollment in RMHP depends on contract renewal.

For questions please call our Customer Service at 888-282-1420 (TTY dial 711). Hours are 8am - 8pm, 7 days/week, Oct. 1–Feb.14, and 8am - 8pm, M-F, Feb.15–Sept.30.