



# County Of Sacramento Delta Dental Enrollment Form Instructions

Employee Benefits Office  
700 H Street, Room 6750  
Sacramento, CA 95814  
Phone: (916) 874-2020  
Fax: (916) 874-4621  
PSDBenefits@saccounty.net

<http://www.hra.saccounty.net/employ/ben/content.htm>

Open for instructions to complete the enrollment form.

## Active Employee Dental Enrollment Form

1. Complete Part A “Enrollee” information – Full name, Social Security Number, Employment Date, Birthdate, etc
2. Complete Part B “Change to Existing Enrollment” to show “New Enrollment.” Complete “Date of Event” to show your hire date.
3. Complete Part C “Dependents” if applicable to show your spouse, domestic partner, and/or eligible children. The County pays 100% of the cost for you and your eligible dependents.
  - a. A copy of your marriage certificate/California Domestic Partnership Registration form is required.
  - b. A copy of birth certificate/adoption/legal guardianship or Dependent Certification Affidavit is required.
  - c. A dependent 19 to 24 years old must be a full-time student. A copy of his/her class schedule or County full-time student verification form is required.
4. Sign and date the dental application form.

**NOTE: Additional forms are available on our website at <http://www.hra.saccounty.net/employ/ben/content.htm>**

<b>Group Name</b> <span style="font-size: 1.2em; font-weight: bold;">County of Sacramento</span>	<b>Delta Group/Division Number</b> <span style="font-size: 1.2em; font-weight: bold;">2476 - _____</span>	<b>Effective Date</b> ____/____/____
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#1

<b>A   ENROLLEE</b> [Complete this section for new enrollment or change of status]						<b>BENEFITS OFFICE USE ONLY</b>	
<b>Name</b>			<b>Social Security Number</b>		<b>Date Employed</b>		Rep Unit _____
Last _____ First _____ Middle Initial _____			_____ (Member I.D. Number)		Month / Day / Year _____		Certs _____
<b>Birthdate</b>		<b>Sex</b>	<b>Employer</b>		Does your spouse/domestic partner have a dental plan? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Month / Day / Year _____		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> County of Sacramento <input type="checkbox"/> Special District		If yes, who is covered: <input type="checkbox"/> yourself <input type="checkbox"/> spouse/domestic partner <input type="checkbox"/> dependent children		
Mailing Address _____			Telephone Number (____) _____		<b>FOR DELTA USE ONLY</b>		
City _____			State _____		Effective Date of Coverage _____		
			ZIP code _____		Family Indicator Code _____		

#2

<b>B   Change to Existing Enrollment</b> [Complete all sections that apply]	
<input type="checkbox"/> Name change <input type="checkbox"/> Add new dependent <input type="checkbox"/> Delete dependent <input type="checkbox"/> Address change <input type="checkbox"/> Return from LOA (break in coverage) From ____ To ____	
<input type="checkbox"/> New Enrollment	
Reason for change _____	
Date of Event ____/____/____	

#3

<b>C   DEPENDENTS</b> (Check box if Domestic Partner's Dependent – DPD)									
<input type="checkbox"/> Spouse <input type="checkbox"/> Domestic Partner		Last (if different)		First		Middle Initial	Add/Delete	Sex M F	Birthdate Month Day Year
									Marriage Registration Month Day Year
									Spouse's/Domestic Partner Social Security Number
DPO	Name	Last (if different)		First		Middle Initial	Add/Delete	Sex M F	Birthdate Month Day Year
<input type="checkbox"/>									Full-time Student
<input type="checkbox"/>									Disabled
<input type="checkbox"/>									Child's Social Security Number
<input type="checkbox"/>									
<input type="checkbox"/>									
<input type="checkbox"/>									

#4

<b>D   Signature</b> [Form must be signed to be processed]	
I certify the information on this form to be true and accurate to the best of my knowledge and belief, and that any person(s) enrolled is/are my lawful spouse/domestic partner and/or unmarried dependent children and therefore eligible for enrollment in the County Delta Dental as my dependents.	
Enrollee Signature _____	Date _____

White – Delta Dental      Yellow – County of Sacramento      Pink – Your files