



DELTA DENTAL DESIGNATION FORM

1. DISTRICT NAME:	DISTRICT ID #:
Rio School District	72561

2. PERSONAL INFORMATION:				
<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	NAME:			
	Last	First	MI	
Street Address	City	State	Zip	Phone ()
Social Security Number	Birthdate			

3. SELECT COVERAGE:	
<input type="checkbox"/>	DELTA DENTAL PPO INCENTIVE PLAN - \$1,500 Annual Maximum with ortho for child only 60% up to \$500 This plan uses the Delta Premier Network as the contracting network.
<input type="checkbox"/>	DELTA PPO PLAN - \$3,000 Annual Maximum with ortho for child only 50% up to \$500 This plan uses Delta PPO Network as the contracting network.

By choosing the PPO Plan I understand that I am responsible for a greater portion of my dental costs when I use a non-contracting provider. I realize that I cannot change to the Delta PPO Incentive Plan until a subsequent Open Enrollment period with an October 1 effective date. I also understand that if I choose to change to the Incentive Plan during an Open Enrollment, my benefits will start at 70%.

4. SIGNATURE:

Subscriber's Signature	Date
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***For district use only. Please do not forward to SISC.
Please return your form to Lynette Kuchta/District Office***