DELTA DENTAL

Eligibility Enrollment/Update

Check: ☐ Indiana ● Michigan ☐ North Carolina ☐ Ohio

Client Name: **LLPS, Inc**

Client#/Subclient#: **5175** | **1142**

Subscriber Information *(please complete for all enrollments/updates:)* Example: ABCDEF123456

Subscriber Name (Last)	(First)	(M.I.)	Sex	Status*
Fata	Justin	M	● Male ☐ Female	● Active ☐ Retiree ☐ COBRA ☐ Surviving

Subscriber Social Security Number	Birth Date	Coverage Effective Date	Hire Date
386 19 1034	09 20 1987	12 01 2018	10 01 2017

Street Address: **4919 Malpaso**
● Check here if this is a new address

Email: **justinmfata@gmail.com**

City: **Lansing** State: **MI** ZIP Code: **48917**

Plan Enrollment/Update Information *(please indicate type of update and fill in appropriate information):*

Type of Update: ● New Enrollment ☐ Reinstatement ☐ Change/Correction to Information ☐ Termination of Benefits ☐ Waive Benefits

Group Transfer
From: Client/Subclient# ___ To: Client/Subclient# ___

Rate Code Change* From: ___ To: ___

Effective Date of Change: **12 01 2018**

Change is for: ☐ Subscriber ☐ Dependent

Enrollment/Corrections to Information *(please fill in for spouse/dependents for first-time enrollment or corrections):*

SPOUSE Name (Last)	(First)	(M.I.)	Sex
			☐ Male ☐ Female

Social Security Number	Birth Date	Status*
		☐ Legal ☐ Surviving

DEPENDENT #1 Name (Last)	(First)	(M.I.)	Sex
			☐ Male ☐ Female

Social Security Number	Birth Date	Status*
		☐ IRS Dep. ☐ Surviving ☐ Disabled ☐ Sponsored

DEPENDENT #2 Name (Last)	(First)	(M.I.)	Sex
			☐ Male ☐ Female

Social Security Number	Birth Date	Status*
		☐ IRS Dep. ☐ Surviving ☐ Disabled ☐ Sponsored

DEPENDENT #3 Name (Last)	(First)	(M.I.)	Sex
			☐ Male ☐ Female

Social Security Number	Birth Date	Status*
		☐ IRS Dep. ☐ Surviving ☐ Disabled ☐ Sponsored

DEPENDENT #4 Name (Last)	(First)	(M.I.)	Sex
			☐ Male ☐ Female

Social Security Number	Birth Date	Status*
		☐ IRS Dep. ☐ Surviving ☐ Disabled ☐ Sponsored

*See reverse side for instructions and explanation of codes.

Any person who, with intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

I authorize payroll deduction from my earning for any contribution I am required to make.

1 Subscriber's Signature _[signature]_ Date **11/16/2018**

314-55

(10-16)