DELTA DENTAL
Delta Dental Plan of New Jersey

Mail to:
P.O. Box 23700
Newark, NJ 07189-0001
(201)285-4144

Eight Digit Group Number
☐ Administrator 7468-0002
☐ Premier 7468-0001

DENTAL ENROLLMENT FORM

Name of Employer	effective Date of Coverage
South Bergen Jointure Commission 500 Route 17 South, Ste. 307 Hasbrouck Heights, NJ 07604	

GENERAL INFORMATION – THIS SECTION MUST BE COMPLETE – PLEASE PRINT CLEARLY

(Last)	(First)	(Middle)	Date of Birth	Social Security Number

Address	City, State, Zip	County

Date of Employment	Type of Coverage	Marital Status	Home Telephone
	☐ Single ☐ Parent/Child ☐ Husband/Wife ☐ Parent/Children ☐ Family	☐ Single ☐ Married ☐ Divorced/Separated	

	First Name, Last Name	Social Security Number	Date of Birth	Full Time Student
Employee				
Spouse				
Dependent				☐ Yes ☐ No
Dependent				☐ Yes ☐ No
Dependent				☐ Yes ☐ No
Dependent				☐ Yes ☐ No

Employee Signature

Date