

## **ENROLLMENT FORM**

Delta Dental of Tennessee 240 Venture Circle Nashville, TN 37228-1699 Telephone 800-223-3104

| SOCIAL SECURITY NUMBER |  |  |   |  |  |   |  |  |  |  |  |
|------------------------|--|--|---|--|--|---|--|--|--|--|--|
|                        |  |  |   |  |  |   |  |  |  |  |  |
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| Telephone 800-22  | 23-3104                    |                    |                    |  |  |  |  |  |  |  |
|---|----------------------------|--------------------|--------------------|--|--|--|--|--|--|--|
| GROUP<br>NUMBER 731   | SUBLOCATION  1 NUMBER      | GROUP<br>NAME      | UTHSC Student Plan |  |  |  |  |  |  |  |
| F   | TIRST NAME                 | M                  | LAST NAME          |  |  |  |  |  |  |  |
|   |                            |                    |                    |  |  |  |  |  |  |  |
| STREET ADDRESS  |                            |                    |                    |  |  |  |  |  |  |  |
|   |                            |                    |                    |  |  |  |  |  |  |  |
| CITY  |                            | S                  | STATE ZIP          |  |  |  |  |  |  |  |
|   |                            |                    |                    |  |  |  |  |  |  |  |
| BIRTH<br>DATE   |                            | CTIVE<br>ATE       | SEX M F            |  |  |  |  |  |  |  |
| If enrolling spouse and/or dependents, please list them below   |                            |                    |                    |  |  |  |  |  |  |  |
|   | M.I. (LAST NAME IF DIFFERE | SEX BIRTH DATE M F |                    |  |  |  |  |  |  |  |
| SPOUSE: CHILD:  |                            |                    |                    |  |  |  |  |  |  |  |
| CHILD: CHILD: CHILD:  |                            |                    |                    |  |  |  |  |  |  |  |
| I agree to make the required contribution. I certify that the information contained in this form is true and correct to the best of my ability. |                            |                    |                    |  |  |  |  |  |  |  |
| Sionature:  |                            | Date               |                    |  |  |  |  |  |  |  |