

California Institute of Technology

Student Dental Plan

How to Complete Your Dental Enrollment Form



If you would like to enroll in the student dental plan through DeltaCare, please complete the DeltaCare Enrollment Form and return it to the Benefits office by August 31, 2009.

Follow these steps for completing the form.

1. **Primary Enrollee Information** – provide information about yourself in this section such as; your name, date of birth and address. If you do not have a Social Security Number, please leave this area blank.

Other Fields

- Name of Employer /Group is **Caltech**
- Location is **Caltech**
- Employee Identification # is your **Caltech UID**
- Contract Facility Name & Contract Facility # is the dental facility you choose as your provider. You can find a list of DeltaCare facilities/provider at the Health Center web site. If you leave this field blank, DeltaCare will select a facility for you. You can change your provider during the plan year by contacting DeltaCare.

2. **Check One Box** – if you are a new member, please check the “New Enrollment” box. If you are continuing coverage, please write on the form “**continuing coverage.**”

3. **Dependent Information** – If you are enrolling a dependents, please include your dependents personal information in this section.

4. **Sign and Date the Form**

- You can drop off your completed form at the Benefits Office, 399 South Holliston Avenue (Monday – Friday, 7:30 a.m. – 5 p.m.)
- You can mail your completed form to the Benefits Office at 1200 E. California Boulevard, Mail Code 161-84, Pasadena, CA 91125.
- You can fax your form to the Benefits Office at (626) 795-8412.

Please contact the Benefits Office at (626) 395-6443 with any other questions.

REMEMBER...

PLEASE PRINT CLEARLY!