Delta Dental of Wyoming
6234 Yellowstone Rd
Cheyenne, WY 82009
307-632-3313 * 800-735-3379
FAX 307-632-7309

Enrollment & Payroll Authorization Form

Last Name	First Name	Middle Initial	Social Security Number

Mailing Address	City	State	Zip

Group Name	Location	Job Title

Date of Birth	☐ Female ☐ Male	Date Hired

☐ Single ☐ Separated ☐ Married/Is spouse employed? ☐ No ☐ Yes Where? _____

☐ Divorced ☐ Widowed Does Spouse have a dental plan through employer? ☐ No ☐ Yes

List all eligible dependent's name's - Please Include Last Name if Different
(Please attach another page for additional names)

Spouse Name	Spouse's Date of Birth	☐ Female ☐ Male
Dependent Name	Dependent's Date of Birth	☐ Female ☐ Male
Dependent Name	Dependent's Date of Birth	☐ Female ☐ Male
Dependent Name	Dependent's Date of Birth	☐ Female ☐ Male
Dependent Name	Dependent's Date of Birth	☐ Female ☐ Male

I desire to be enrolled AS INDICATED BELOW, for the Group Dental Program offered by Delta Dental of Wyoming. PLEASE CHECK COVERAGE DESIRED: **(If enrolling one eligible dependent, all must be enrolled).** I agree to continue membership in this program during employment and while the program is in force and authorize payroll deductions if applicable.

☐ Employee ☐ Employee & Spouse ☐ Employee & Child(ren) ☐ Employee, Spouse & Child(ren)

WAIVER OF COVERAGE

☐ I do not wish to cover myself (employee) as I have other Dental coverage.
Name of Dental Insurance Carrier: _____

☐ Employee coverage only/I do not wish to cover my spouse or children.

I understand that if I should decide to apply for coverage for myself or my dependents hereafter, such application shall be subject to the terms and conditions of the Master Contract which may require that I wait until open enrollment (unless there is a qualifying event) and there may also be additional limitations and waiting periods.

Date _____ Signature of Employee _____

The following is included in this document as per Section 1557 of the Affordable Care Act (ACA):

Notice of Non-Discrimination

Delta Dental of Wyoming (DDWY) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. DDWY does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

DDWY provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Written information in other formats (large print, audio, accessible electronic formats, other formats)

DDWY provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, contact the DDWY Compliance Department at 800-735-3379.

Language Assistance Services

ATTENTION: If you speak any of the languages below, language assistance services, free of charge, may be available to you. Contact 800-735-3379 or 307-632-3313.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 800-735-3379 or 307-632-3313.

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 800-735-3379 or 307-632-3313.

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 800-735-3379 or 307-632-3313.

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 800-735-3379 or 307-632-3313.

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 800-735-3379 or 307-632-3313.

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。800-735-3379 or 307-632-3313まで、お電話にてご連絡ください。

D77 baa ak0 n7n7zin: D77 saad bee y1n7[ti'go **Diné Bizaad**, saad bee 1k1'1n7da'1wo'd66', t'11 jiik'eh, 47 n1 h0l=, koj8' h0d77lnih 800-735-3379 or 307-632-3313

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電800-735-3379 or 307-632-3313。

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 800-735-3379 or 307-632-3313.

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 800-735-3379 or 307-632-3313번으로 전화해 주십시오.

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 800-735-3379 or 307-632-3313.

PERHATIAN: Jika Anda berbicara dalam Bahasa Indonesia, layanan bantuan bahasa akan tersedia secara gratis. Hubungi 800-735-3379 or 307-632-3313.

ध्यान ·दनुहोस:् तपाइ·ले नेपाल· बोल्नहन्छ भन तपाइ·को ·निम्त भाषा सहायता सवाहरू ·नःशल्क रूपमा उपलब्ध छ । फोन गनुहोसर् ्800-735-3379 or 307-632-3313।

·ચુના: જો તમે ·જરાતી બોલતા હો, તો િન:·લ્કુ ભાષા સહાય સેવાઓ તમારા માટ· ઉપલબ્ધ છ. ફોન કરો 800-735-3379 or 307-632-3313.

فرمها می باشد. با307-632-3313 or 800-735-3379 تماس بگیرید. **توجه:** اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت اریگان برای شما