DELTA DENTAL®
Delta Dental Plan of Tennessee
240 Venture Circle
Nashville, TN 37228-1699
Telephone 615-255-3175

CHANGE FORM
TVA RETIREES Group # 1500

SOCIAL SECURITY NUMBER	FIRST NAME	MI	LAST NAME
- -			

Check the appropriate box.

1. Name Change

☐ **FROM**: _____ **TO:** _____

2. Address Change

☐ **TO:** _____

_____

3. Add/Drop Dependent

☐

CHECK ONE: Drop	Add	FIRST NAME & M.I. (LAST NAME IF DIFFERENT)	SEX M	SEX F	BIRTH DATE	EFFECTIVE DATE
		SPOUSE:				
		CHILD:				
		CHILD:				

In the event of a life status change, such as marriage, please attach Marriage Certificate. Date of marriage must be after the initial effective date of 6/1/02.

4. Surviving Spouse

☐

SURVIVING SPOUSE'S SOCIAL SECURITY NUMBER	DECEASED SPOUSE'S SOCIAL SECURITY NUMBER	DATE DECEASED MM	DD	YY
- -	- -			

5. Termination of Coverage

☐

EFFECTIVE DATE: _____

All terminations must be received by the 12th of the month to be effective the first of the following month.

Signature: _____ Date: _____