DELTA DENTAL

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

TVA RETIREES ENROLLMENT GROUP 1500

RETIREMENT DATE	

FIRST NAME	M I	LAST NAME

STREET ADDRESS

CITY	STATE	ZIP

SOCIAL SECURITY NUMBER	DATE OF BIRTH mm/dd/yy	M	F	PHONE NUMBER
- -	/ /			( ) -

Please list the dependents that you wish to be covered below.	Email address:	

FIRST NAME & M.I. (LAST NAME IF DIFFERENT)	SEX		BIRTH DATE
	M	F	
SPOUSE:			/ /
CHILD:			/ /
CHILD:			/ /

PAYMENT OPTIONS

		Check One	Special Instructions *Monthly bank draft and credit card deductions are made on the 24th of each month
	01	**TVARS Deduction- monthly** Single - $34.26 Family - $80.85 These deductions will begin on the 4th month	**Must include a check or money order in the amount of $102.78 for single or $242.55 for family for 3 months of premium**
	02	*** Bank Draft- monthly** ($1.00 per transaction)	**Complete Direct Debit Application**
	03	*** Credit Card- monthly** ($1.00 per transaction) Circle One **VISA** **Master Card**	**Account Number** **Exp Date**
	04	**Annual Premium** Single- $ 411.12 Family- $ 970.20	**Send check with enrollment form** **Make payable to Delta Dental of Tennessee**

IF YOU DROP COVERAGE, YOU MAY NEVER RE-ENROLL

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.

Signature: _____ Date: _____

For Delta Use Only	E.D.