



ACERA Dental Enrollment Form Instructions

Please review the current *ACERA Retiree Enrollment Guide* for details about your dental plan coverage.

On the next page, you will find the ACERA Dental Enrollment Form. If you would like to make changes to your dental coverage, complete and submit this Enrollment Form to ACERA by the 10th of the month in order to have coverage effective the following month. If you are making changes during Open Enrollment, be sure to return your form(s) to ACERA by December 1st. Mail your form to:

ACERA
475 14th Street, Suite 1000
Oakland, CA 94612
Attn: Call Center

HERE ARE INSTRUCTIONS FOR COMPLETING THIS FORM:

MEMBER ENROLLMENT INFORMATION

- Fill in your name, Social Security number, and demographic information. This information will be sent to the provider and is necessary to enroll you in the plan.

TYPE OF CHANGE REQUESTED (OPEN ENROLLMENT OR QUALIFYING EVENT)

- Check the box indicating the type of dental plan change you are requesting. If you are requesting a change during the Open Enrollment period or you have experienced a Qualifying Event, a change in your dental plan coverage (switching dental plans, adding or dropping dependents) should be indicated by circling coverage type (i.e., Self, Self + 1, or Family if enrolling more than one dependent).
- Additionally, check the box to indicate if you are enrolling or canceling coverage for that dependent.

SELECTING YOUR DENTAL PLAN

- Check the box by the plan name you have selected.
 - You and your dependents must be enrolled in the same plan.
 - Delta Dental PPO is available at any dental office that accepts Delta Dental; however, coverage levels and amounts differ and are based on in-network and out-of network participation.
 - DeltaCare USA is similar to a health plan HMO in that you must select a dental office when selecting this plan. If selecting DeltaCare USA indicate on the line your preferred dental office. All dental services must be received from that office.

DEPENDENT ENROLLMENT INFORMATION

- Review the section titled, “Enrolling Your Eligible Dependents” in the *ACERA Retiree Enrollment Guide* for the definition of a dependent and the new requirements for adding or deleting a dependent to/from your coverage.
- List the name, Social Security number, relationship, and birth date for all dependents you are adding. Additionally, check the box to indicate if you are enrolling coverage for that dependent.
- Complete and attach an *ACERA Affidavit of Dependent Eligibility* form if your dependent is age 19-26.
- Attach supporting documents, if your dependent is disabled.
- If you are enrolling in the plan but are declining dependent dental coverage at this time, please check the decline/cancel box.

MEMBER AUTHORIZATION AND SIGNATURE

- Carefully read each bullet point.
- **Sign and date the form.**
- Keep a copy of the form for your records.
- Mail the completed form to ACERA.

Turn the page to make changes ►

