



# ALAMEDA CONTRA COSTA MEDICAL ASSOCIATION

## Dental Choice Form New Enrollment

Program selection (Choose one):

Delta Dental PPO  
Group #2704

DeltaCare® USA (Dental HMO)  
Group #05511

Enrollment information (Please print clearly.):

Name \_\_\_\_\_ Social security number --  
First Name Middle Initial Last Name

Mailing address \_\_\_\_\_  
Street Address City State ZIP

Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_  Male  Female Phone number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Please list eligible dependents you are enrolling in addition to yourself:

Spouse	_____	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Date of birth ____/____/____
	<small>First Name Middle Initial Last Name</small>			
Child	_____	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Date of birth ____/____/____
	<small>First Name Middle Initial Last Name</small>			
Child	_____	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Date of birth ____/____/____
	<small>First Name Middle Initial Last Name</small>			
Child	_____	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Date of birth ____/____/____
	<small>First Name Middle Initial Last Name</small>			
Child	_____	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Date of birth ____/____/____
	<small>First Name Middle Initial Last Name</small>			

DeltaCare USA only:

If enrolling in DeltaCare USA, please complete the following (refer to the DeltaCare USA directory for facility name and number. Directories are available on our web site at [www.deltadentalca.org](http://www.deltadentalca.org) or by calling 1-800-422-4234:

Dentist facility name: \_\_\_\_\_ Dentist facility number: \_\_\_\_\_

Mailing information:

Remit form by mail to the address below. Please include your initial premium payment:

ACCMA Insurance Administration  
 J.C. Lewis Insurance Services  
 P.O. Box 750489  
 Petaluma, CA 94975-0489  
 CA License #0580789

If you have questions: 800-966-1511, e-mail: [accma@jclis.com](mailto:accma@jclis.com), fax: 707-778-8352.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_