




University of Denver Health & Counseling Center

Group #8940

2017-18 Delta Dental Enrollment Form

Student Information

Last Name:			DU Student ID #:
First Name:			Date of Birth (mm/dd/yy):
U.S. Mailing Address:			<input type="checkbox"/> Male <input type="checkbox"/> Female
City:	State:	Zip Code:	Local Phone #:
DU email address:			

\$390 Student Only Circle coverage term	
Law Aug 1 – July 31 <i>Enrollment ends: August 31st 2017</i>	Quarter Sep 1 – Aug 31 <i>Enrollment ends: September 30th 2017</i>
Credit Card #	Expiration Date: Security Code: Billing Zip Code:
I understand the Delta Dental Insurance is for DU Students only and I would like to enroll in this program.	
Student's Signature:	Date :
 <p>UNIVERSITY of DENVER CAMPUS LIFE & INCLUSIVE EXCELLENCE Health & Counseling Center</p>	<p>Form & payment must be received at:</p> <p>The DU Health & Counseling Center 2240 E Buchtel Blvd, 3N Denver, CO 80208 Phone 303.871.2205 • Fax 303.871.4242 email info@hcc.du.edu</p>
It is unlawful to knowingly provide false, incomplete, or misleading facts to Delta Dental of Colorado to defraud or attempt to defraud Delta Dental. Penalties may include imprisonment, fines, denial of insurance and civil damages. Report any insurance company or agent thereof, who knowingly provides false, incomplete or misleading facts to Delta Dental participants for the purpose of defrauding the participants regarding their insurance benefits, to the Colorado Division of Insurance.	