



Group Information Change Request Form

Please fill out this form with any updated group information. Groups with online billing will also need to complete a Website Authorization Form. To add a third-party billing or COBRA contact, you will need the Plan Sponsor Designee Form for Protected Health Information (14B). These forms are available on the Employer page at DeltaDentalVA.com, or by emailing us. Submit completed forms to mktgadmin@deltadentalva.com or fax to 540.776.8109 to be processed.

Group Name _____ Group Number _____

Group Address Change

New physical address _____

City _____ State _____ Zip _____

New mailing address (if different) _____

City _____ State _____ Zip _____

Group Administrator Change

Name to remove _____

If the name to remove is the sole group administrator, have they permanently left the group? Yes No

Name to add _____

Email _____

Phone _____ Fax (if used) _____

Additional Contact Changes

Name(s) to remove _____

Name to add _____

Email _____

Phone _____ Fax (if used) _____

Contact type (select one): Additional Group Administrator Billing Eligibility

Name to add _____

Email _____

Phone _____ Fax (if used) _____

Contact type (select one): Additional Group Administrator Billing Eligibility

Group Administrator Signature _____ **Date** _____