

Healthy Smile, Healthy You Enrollment

ENROLLING IS EASY

Log in at **DeltaDentalVA.com/members/tlc** and click “Healthy Smile, Healthy You” at the top of the page. Scroll down and click the plus sign to enroll immediately or complete the form below and mail, fax or email to:

Delta Dental of Virginia
ATTN: Healthy Smile, Healthy You®
5415 Airport Road
Roanoke, VA 24012

Email: billing@deltadentalva.com
Fax: 540.776.8109

You will be enrolled when your completed form is processed. For questions, call 888.335.8296.

To be completed by enrollee (check the box next to the condition(s) that apply):

Enrollee name	Enrollee email address	Subscriber name (if different from enrollee)
Subscriber ID number	Group number	Group name
Enrollee signature		Date
☐ Cancer treatment delivered via radiation and/or chemotherapy		Date treatment began
☐ Weakened immune systems		Date diagnosed
☐ Kidney failure or dialysis		Date diagnosed
Physician name		

*Healthy Smile, Health You benefits are subject to applicable annual maximum. See plan documentation for details.