

240 Venture Circle

## **TVA RETIREES ENROLLMENT GROUP 1500**

Nashville, TN 37228-1699 Telephone 615-255-3175	[	RETIREMEN	Г ДАТІ			
FIRST NAME	MI	L	AST NA	AME		
STREET ADDRESS						
CITY STATE ZIP						
SOCIAL SECURITY NUMBER DATE OF BIRTH mm/dd/yy M			F	PHONE NUMBER		
	/	/		( ) -		

Please list the dependents that you wish to be covered below.	Email address:		dress:	
FIRST NAME & M.I. (LAST NAME IF DIFFERENT)	SEX		EX	<b>BIRTH DATE</b>
		Μ	F	
SPOUSE:				/ /
CHILD:				/ /
CHILD:				/ /

## **PAYMENT OPTIONS**

	Check One	Special Instructions *Monthly bank draft and credit card deductions are made on the 24 <sup>th</sup> of each month
01	<b>TVARS Deduction- monthly</b> Single - \$33.26 Family - \$78.50 These deductions will begin on the 4 <sup>th</sup> month	Must include a check or money order in the amount of \$99.78 for single or \$235.50 for family for 3 months of premium
02	* Bank Draft- monthly (\$1.00 per transaction)	<b>Complete Direct Debit Application</b>
03	* Credit Card- monthly (\$1.00 per transaction) Circle One VISA Master Card	Account Number Exp Date
04	Annual Premium Single- \$ 399.12 Family- \$ 942.00	Send check with enrollment form Make payable to Delta Dental Plan of Tennessee

## IF YOU DROP COVERAGE, YOU MAY <u>NEVER</u> RE-ENROLL

I agree to make the required contribution. I certify that the information contained in this form is true and correct to the best of my ability.

Signature:

For Delta Use Only E.D.

Date: