



2026 Delta Dental PPO



AFSCME RETIREE ENROLLMENT FORM GROUP NUMBER 21468

COVERAGE IS FOR CALENDAR YEAR 2026 (JAN.1, 2026— DEC. 31, 2026)

OPEN ENROLLMENT ENDS 12/01/25

NEW ENROLLMENT _____ RE-ENROLLMENT _____ CHANGE _____

PHONE NUMBER 1-800-932-0783

RETIREE MEMBER #1 NAME (Last, First, Middle Initial) _____

RETIREE MEMBER #2 NAME (Last, First, Middle Initial) _____

SOCIAL SECURITY NUMBER - - SEX _____

SOCIAL SECURITY NUMBER - - SEX _____

MEMBER #1 DATE OF BIRTH / / _____

MEMBER #2 DATE OF BIRTH / / _____

HOME ADDRESS _____ CITY _____ STATE _____ ZIP _____ +4 _____

HOME PHONE NUMBER () - _____ CELL PHONE NUMBER () - _____

NAMES OF OTHER FAMILY MEMBERS & DOB: _____

IS THE ADDRESS LISTED ABOVE NEW? YES NO E-MAIL ADDRESS _____ @ _____

NEW ADDRESS _____

Make checks payable to: R.P.E.P. CHAPTER 13

Mail to: R.P.E.P. Chapter 13 150 South 43rd Street Harrisburg, PA 17111-5708

\$610.20 ONE Member Per Year **\$969.96** TWO Members Per Year **\$1407.12** Two Members Plus Family Per Year

ENCLOSED \$ **CHECK #** **FOR** **MEMBERS.**

I certify that this enrollment information is true and correct.

1st Member's Signature _____ Date _____

2nd Member's Signature _____ Date _____

WE SEND THE MONEY TO DELTA

THEREFORE

REFUNDS ARE

NOT AVAILABLE