Information Requirements for Enrollment

In order to better and more efficiently assist you with one-off enrollment requests, it is required that you use this document as reference on the information the Delta Dental of Colorado team require in order to make the requested change(s).

We also encourage you to use DDCOs enrollment forms, found here. Once changes are submitted, please be sure these changes are added to future files to maintain accurate eligibility.

Email to: DeltaDentalHub@ddpco.com

Subject line – include group name and group number. If urgent enrollment (same or next day service) also include "Urgent" in the subject line.

In the body of the email, please include the following information:

- Group Name
- Group Number
- Department *when applicable*
- Effective Date of Coverage
- Subscriber Name
- SSN
- Address
- DOB
- Gender
- Plan Name
- Coverage Level:
    - Employee Only
    - Employee + Spouse
    - Employee + Child
    - Employee + Children
    - Employee + Family
- Dependent(s) (all listed separately):
    - Name:
    - Relationship: Spouse or child
    - SSN:
    - DOB:
    - Gender: