Department of
HUMAN SERVICES

dwp dental wellness plan

470-5405 (Rev. 9/20)

Dental Carrier Change

Dental Wellness Plan members are automatically enrolled in a dental carrier upon enrollment. Members have 90 days from their initial enrollment to change dental carriers for any reason. Additionally, once a member has been with a dental carrier for 12 months they will have the opportunity to change dental carriers for any reason during their Annual Choice Period. Members who wish to change their dental carrier during their initial enrollment or during their annual choice period may use this form. Information about each dental carrier is available at **www.dhs.iowa.gov/dental-wellness-plan**. **Only fill out this form if you wish to change your dental carrier.** If you want to keep things just the way they are, you do not have to do anything.

(If submitting this form by mail, please use blue or black ink. * = REQUIRED.)

Name of Person to Enroll*	Date of Birth*	ID Number*	Check One Dental Carrier*	
			☐ Delta Dental	☐ MCNA Dental
			☐ Delta Dental	☐ MCNA Dental
			☐ Delta Dental	☐ MCNA Dental
			☐ Delta Dental	☐ MCNA Dental
			☐ Delta Dental	☐ MCNA Dental

Reason for changing your dental carrier: _____

Your Name*	Your Address (Street, City and Zip Code)*	Your Phone Number

***I am authorized to make changes on this account and I understand that by completing this form and submitting it to Member Services, I am changing the dental carrier for the person(s) listed above. YES ☐**

If you have questions about how to complete this form, call Iowa Medicaid Member Services at **1-800-338-8366** or locally in the Des Moines area at **515-256-4606**, Monday through Friday, from 8 a.m. to 5 p.m.