



NORTHWEST DENTAL BENEFITS

GROUP ENROLLMENT FORM

Along with this form, please include:

- a complete dental census including employees and dependents;
 - a summary and rates of current plans;
- any other information you feel important to consider.

Thank you!

GROUP NAME

CONTACT NAME

CONTACT EMAIL

CONTACT PHONE NUMBER

STREET ADDRESS

TOTAL NUMBER OF EMPLOYEES

EMPLOYER PREMIUM CONTRIBUTION
(CIRCLE ONE):

0% 50% 100% OTHER: _____

HOW DID YOU HEAR ABOUT US?

BROKER INFORMATION

BROKER AGENCY

NAME OF BROKER

PHONE NUMBER

EMAIL