

NORTHERN MINNESOTA DENTAL, INC.

P.O. Box 3023
Duluth, Minnesota 55803

Telephone:	(218) 728-8332
Toll Free:	(800) 728-8515
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Enrollment Information Form

City of Hibbing

Date Effective:

Type of Coverage

Single Coverage

Family Coverage

Group No.:

1005

New Employee

Change of Address or Change in Coverage

Employee Information

♦ Last Name:

Sex Birth Date

♦ First Name: ♦ Middle Initial:

Social Security No.

♦ Home Address:

♦ Phone No.:

♦ City: ♦ State: ♦ Zip:

If you selected family coverage, please complete the information below:

♦ Spouse Name:

Yes No

♦ Birth Date: ♦ Social Security No.:

Other Dental Insurance?

♦ Employer Name:

Yes No

♦ Insurance Company:

Please complete the dependent information below (if you need additional space, please use the back of this form):

♦ Child Name: Full-Time Student? Yes No

♦ Birth Date: ♦ Social Security No.:

♦ Child Name: Full-Time Student? Yes No

♦ Birth Date: ♦ Social Security No.:

♦ Child Name: Full-Time Student? Yes No

♦ Birth Date: ♦ Social Security No.:

♦ Child Name: Full-Time Student? Yes No

♦ Birth Date: ♦ Social Security No.:

If any child is 19 or older and a full-time student, please list the school he / she is attending: