

NORTHERN MINNESOTA DENTAL, INC.

P.O. Box 3023

Duluth, Minnesota 55803

Telephone: (218) 728-8332
Toll Free: (800) 728-8515
Fax: (218) 728-4380

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: _____

♦ First Name: _____ ♦ Middle Initial: _____

♦ Home Address: _____

♦ City: _____ ♦ State: _____

♦ Phone No.: _____

♦ Zip: _____

Sex

Birth Date

Social Security No.

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

♦ Spouse Name: _____

♦ Birth Date: _____ ♦ Social Security No.: _____

Is Spouse Employed?

Yes

No

♦ Employer Name: _____

♦ Insurance Company: _____

Other Dental Insurance?

Yes

No

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:

